MARYLAND STATE DEPARTMENT OF HEALTH

00182 — 2411 N. Charles Street, Baltimore — 00165

CERTIFICATE OF DEATH

Reg. Dist. No. 46

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto. Co. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aero Acres — LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 43 Longeron Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
STREET ADDRESS (If rural, give location) 43 Longeron Drive

3. NAME OF DECEASED (Type or Print): (First) Christine (Middle) (Last) Abernathy

4. DATE OF DEATH: (Month) 1 (Day) 18 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 1/2/55

9. AGE last birthday: yrs. — If under 1 year: Months — Days 16 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Balto. City Md

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Daniel A. Abernathy

14. MOTHER'S MAIDEN NAME: Dorothy Curtis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: D. A. Abernathy 43 Longeron Dr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

751X

Immediate cause (a) Hydrocephalic Child — Emergency

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Spina-Bifida

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1955, to Jan 19, 1955, that I last saw the deceased alive on Jan 18, 1955, and that death occurred at 1 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

J. W. Baumgardner M.D — Balto 6 Md — 1/19/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 2/21/55 — NAME OF CEMETERY OR CREMATORY Clear Creek Cemetery — LOCATION (City, town, or county) McDowell Co. (State) N.C

DATE REC'D BY LOCAL REG. 1/24/55 — REGISTRAR'S SIGNATURE Edith Hurley — 24. FUNERAL DIRECTOR Fussaler Funeral Home — ADDRESS 940 Belair Rd.

2015555575

RECEIVED
FEB 1 1955
BUREAU V. S.

00183

00166 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jessup — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Balto.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Balto #20 Middle River
STREET ADDRESS 2015 Brandt ave (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) McKinley (Last) Akers

4. DATE OF DEATH (Month) Jan (Day) 27 (Year) 1955.

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	June 7 1896	58 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Tool & Die Maker	Plant Elect. Co.	Craigsville Va	U.S.A.

13. FATHER'S NAME: Benjamin Akers

14. MOTHER'S MAIDEN NAME: Dora Burns

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
	215-10-4158	Gerald A. Akers (Brother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) 420.1	Coronary occlusion.	2 hrs.
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)	Cardio Vascular Disease	10 yrs.
DUE TO		
(c)		

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
Jan 27 55 2 P.M.		

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D. — ~~CHIEF MEDICAL EXAMINER~~ DEPUTY MEDICAL EXAMINER ☑ ~~ASSISTANT MEDICAL EXAM.~~ ☐ — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1-31-1955	Belair Memorial Gardens	Hartford Co Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-1-55	[signature]	[signature]	1407 Eastern Ave.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00184 CERTIFICATE OF DEATH

00167 Reg. Dist. No. 33-

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL
LENGTH OF STAY (in this place) 56yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE M.D. COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL MARYLANDLINE
STREET ADDRESS (If rural give location) STEWARTSTOWN RD#1, PA.

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) S. (Last) ALLEN

4. DATE OF DEATH: (Month) 1- (Day) 9 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify):

8. DATE OF BIRTH: 5-8-1898

9. AGE Last birthday: 56 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: FARMER

10b. KIND OF BUSINESS OR INDUSTRY: OWN FARM

11. BIRTHPLACE (State or foreign country): BALTIMORE Co., MD

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: WILLIAM ALLEN

14. MOTHER'S MAIDEN NAME: ETTA MCELWAIN

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: Wm J. Allen Stewartstown Rd#1, Pa

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.1 (a) Coronary Occlusion DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death 3 hrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1950, to Jan 9, 1955, that I last saw the deceased alive on Jan 6, 1955, and that death occurred at 11 45 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
William C. Fenton M.D Stewartstown 1-9-55.

23. BURIAL, CREMATION, ~~REMOVAL~~ (Specify) DATE THEREOF 1-12-55 NAME OF CEMETERY ~~OR CREMATORY~~ CENTRE LOCATION (City, town, or county) (State) NEWPARK, YORK Co., Pa.

DATE REC'D BY LOCAL REGISTRAR 1/10/55 REGISTRAR'S SIGNATURE Edwin L Fenton

24. FUNERAL DIRECTOR Kenneth W Richman ADDRESS Stewartstown Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 14 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 00172 00172

00172

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Arbutus
LENGTH OF STAY (in this place) 51
HOSPITAL OR INSTITUTION OR STREET ADDRESS 817 Warwick Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus 51
STREET ADDRESS (If rural give location) 817 Warwick Road

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) EARL H. ANTHONY

4. DATE OF DEATH: (Month) (Day) (Year) I/18/55 19

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: 5/4/09

9. AGE last birthday 45 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Arm. Winder

10B. KIND OF BUSINESS OR INDUSTRY: Davidson

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Albert W.

14. MOTHER'S MAIDEN NAME: Anna Burrier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Family - Same

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) Acute Coronary

ANTECEDENT CAUSE (S) DUE TO Thrombosis

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/1, 1952 to 1/18, 1955 that I last saw the deceased alive on 1/18, 1955, and that death occurred at 12:15 M, from the causes and on the date stated above.

SIGNATURE John H. Shaw M. D. ADDRESS 5800 Edmondson Ave. DATE SIGNED 1/19/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) B

DATE THEREOF I/21/55

NAME OF CEMETERY OR CREMATORY Woodlawn

LOCATION (City, town, or county) (State) Baltimore

DATE REC'D BY LOCAL REGISTRAR 1-19-55

REGISTRAR'S SIGNATURE A W Hedrick

24. FUNERAL DIRECTOR ADDRESS James L. McCully - 130 E. Fort Ave.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00169

00185 **CERTIFICATE OF DEATH** Reg. Dist. No. 35-

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White Hall
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Baltmre.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White Hall R.D. X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Ida (Middle) B (Last) Bodders

4. DATE OF DEATH: (Month) Jan (Day) 6 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April 12 1873

9. AGE Last birthday: 81 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housekeeping

11. BIRTHPLACE (State or foreign country): Hookstown Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Shenberger

14. MOTHER'S MAIDEN NAME: Mary Alexander

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Wife of Bodders White Hall Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Advanced Arterio-Sclerosis — 1 Day

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Uterine Bleeding - cause undetermined

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1954, to Jan 6, 1955, that I last saw the deceased alive on Jan 5, 1955, and that death occurred at 12 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

William O Fulton M.D Stewartstown Pa 1-7-55

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)

Burial Jan 8 1955 Farm Grove Farm Grove Pa

DATE RECD BY LOCAL REGISTRAR REGISTRAR'S SIGNATURE

1/7/55 Charles F Enslow

24. FUNERAL DIRECTOR ADDRESS

H. Conrad Webb Farm Grove Pa

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 14 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 60170

09186 **CERTIFICATE OF DEATH** Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place) 28yr.6mo.16day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3 V C 1 4
STREET ADDRESS (If rural give location) Unknown

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) (Last) Baker
4. DATE OF DEATH: (Month) (Day) (Year) January 27, 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Single	1899	56 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer		Maryland	USA

13. FATHER'S NAME: Fred Baker
14. MOTHER'S MAIDEN NAME: Minnie ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
No		Unknown	Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Cerebrovascular accident

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Arteriosclerotic cardiovascular disease DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-27-..., 1955, to 1-27-..., 1955, that I last saw the deceased alive on 1-27- ..., 1955, and that death occurred at 10:30 A.M., from the causes and on the date stated above.

SIGNATURE S. Wachsler M.D. ADDRESS Spring Grove State Hosp. Caton'ville 28, Md. DATE SIGNED 1-27-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION—(City, town, or county) (State)
Burial	2-1-55	Woodlawn Memorial Park	Baltimore County, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-1-55	V. E. Harry	[illegible]	[illegible]

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

00187

2411 N. Charles Street, Baltimore

00171

CERTIFICATE OF DEATH

Reg. Dist. No. 31

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockdale; LENGTH OF STAY (In this place) 11 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS at home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockdale; STREET ADDRESS (If rural, give location) 3618 Langenbo Rd

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Margaret	Christine	Baker	January	11	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	Mar 8 1881	73 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Samuel Everline

14. MOTHER'S MAIDEN NAME: Dora Metzgord

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

(If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs Dora Dennis Daughter Rockdale Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Congestive Heart failure	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of colon with generalized metastasis	4 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from February 11, 1955, to Jan 11, 1955, that I last saw the deceased alive on Jan 9, 1955, and that death occurred at 8:20 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Edwin G Wilson	M.D.	8204 Gibson Rd Rockdale Md.	1/11/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/14/55	St Luke's Cemetery	Cumberland Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-14-55	Dr. Hedrick Dwn	Stillwell Mondel	108 W North St Cumberland Md

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00188

CERTIFICATE OF DEATH

00172

Reg. Dist. No. 43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Overlea
LENGTH OF STAY (In this place) 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4100 Taylor Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Overlea
STREET ADDRESS (If rural, give location) 4100 Taylor Ave

3. NAME OF DECEASED (Type or Print): (First) Alfred (Middle) (Last) Barth

4. DATE OF DEATH: (Month) Jan (Day) 3 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Aug 13-1871

9. AGE last birthday: 83 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Embroidery Operator

10b. KIND OF BUSINESS OR INDUSTRY: Own Business

11. BIRTHPLACE (State or foreign country): Switzerland

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: John Barth

14. MOTHER'S MAIDEN NAME: Anna —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 218-32-4226

17. INFORMANT AND ADDRESS: Mrs Alfred Barth, 4100 Taylor Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: 24 hr

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Hypertensive Cardio-Vascular Disease
(c) Generalized Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1, 1954, to 1-3, 1955, that I last saw the deceased alive on 1-2, 1955, and that death occurred at 5 A.m., from the causes and on the date stated above.

SIGNATURE: /s/ Lindeland MD (Degree or title) ADDRESS: 422 Med Arts Bldg DATE SIGNED: 1-4-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 1/6/55 — NAME OF CEMETERY OR CREMATORY: Parkwood Cem — LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG.: Jan 3-1955 — REGISTRAR'S SIGNATURE: Mrs M D Reifsnider

24. FUNERAL DIRECTOR: Lasadan Funeral Home — ADDRESS: 7401 Belair Rd

00189

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00173

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Balto. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Essex — LENGTH OF STAY (in this place): 6 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 913 George Ave

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Essex
STREET ADDRESS (If rural, give location): 913 George Ave

54 54 1

3. NAME OF DECEASED (Type or Print): (First) Peter (Middle) (Last) Bauernschub
4. DATE OF DEATH: (Month) Jan (Day) 31 (Year) 1955
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Nov 15 1873
9. AGE last birthday: 81 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Balto.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13. FATHER'S NAME: John Bauernschub
14. MOTHER'S MAIDEN NAME: Clara Zel
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT AND ADDRESS: William Bauernschub 913 George Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) 442.7 Uremia — 9 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arterio-sclerotic Cardio-Vascular

(c) renal disease — 4 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1951, to Jan 31, 1955, that I last saw the deceased alive on Jan 26, 1955, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Joseph Myrick M.D. — ADDRESS: 423 Eastern Ave Essex 21 Md — DATE SIGNED: 2-1-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Feb-3-55 — NAME OF CEMETERY OR CREMATORY: Oak Lawn Cem. — LOCATION (City, town, or county) (State): Eastern Ave Rd, Balto Co Md

DATE REC'D BY LOCAL REG.: 2-1-55 — REGISTRAR'S SIGNATURE: U. M. Harrod Jr. — 24. FUNERAL DIRECTOR — ADDRESS: Riggel Bros. 1900 E. Lombard St

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

02190

CERTIFICATE OF DEATH

00174
Reg. Dist. No. . . . . .

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Fullerton
LENGTH OF STAY (in this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 14. Delight Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md Balto COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fullerton X
STREET ADDRESS (If rural give location) 14 Delight Ave

3. NAME OF DECEASED: (Type or Print) (First) OSCAR (Middle) HERMAN (Last) BEICH
4. DATE OF DEATH: (Month) 1 (Day) 22 (Year) 1955
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Nov 10-1900
9. AGE last birthday: 54 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): motor Repairman
10b. KIND OF BUSINESS OR INDUSTRY: Bethlehem Steel Co
11. BIRTHPLACE (State or foreign country): P.A.
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME: Louis Beich
14. MOTHER'S MAIDEN NAME: Emma
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 213-07-1558
17. INFORMANT & ADDRESS: Mrs Oscar H. Beich. 14 Delight Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Coronary Thrombosis	15 minutes
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Cardio-Vascular Hypertensive Disease	3 years
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 15, 1952, to January 22, 1955, that I last saw the deceased alive on Jan 22, 1955, and that death occurred at 9:15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Michael J. Dausch M.D. 4636 Belair Road. 1-22-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 1/26/55 NAME OF CEMETERY OR CREMATORY Moravia and Mem Park LOCATION (City, town, or county) (State) Balto md

DATE REC'D BY LOCAL REGISTRAR 1-25-55 REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR ADDRESS
Lansdale Funeral Home 7401 Belair Rd

Duplicate

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00175

09191

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR X TOWN Fort Howard
LENGTH OF STAY (in this place) 2 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5 Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore (21)
STREET ADDRESS (If rural give location) 136 Edgewater Apartments.

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) (NMI) (Last) BEILMAN

4. DATE OF DEATH: (Month) January (Day) 19, (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: February 21, 1881

9. AGE last birthday 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10B. KIND OF BUSINESS OR INDUSTRY: Federal Government

11. BIRTHPLACE (State or foreign country): Brooklyn, New York

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Peter Beilman

14. MOTHER'S MAIDEN NAME: Barbara MN: Hellar

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk) Yes (If Yes, give war or dates of service) SPA

16. SOCIAL SECURITY NO. 009-05-2646

17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm.Hospital,Fort Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE (A) MYOCARDIAL INFARCTION LEFT VENTRICIE — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE (S) DUE TO ARTERIOSCLEROSIS OF CORONARY ARTERIES — UNKNOWN

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) VA M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 17, 1955, to Jan. 19, 1955, that I last saw the deceased alive on 19 and that death occurred at 11:35 AM, from the causes and on the date stated above.

SIGNATURE William B. Vande Grift, M. D. ADDRESS M.D. VAH, FORT HOWARD, MARYLAND DATE SIGNED 1-20-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF JAN. 21, 1955 — NAME OF CEMETERY OR CREMATORY Baltimore National Cem. — LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 1-21-55 — REGISTRAR'S SIGNATURE C m Hartnett

24. FUNERAL DIRECTOR AND ADDRESS Wm. Cook-Blight, Inc. Funeral Home 6009 Harford Road, Baltimore 14, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

00192

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00176

Reg. Dist. No. 45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Dist. X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 565 Marlyn Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex X
STREET ADDRESS (If rural, give location) 565 Marlyn Ave.

3. NAME OF DECEASED (Type or Print): (First) Eleanor (Middle) M (Last) Bendle

4. DATE OF DEATH: (Month) 1 (Day) 13 (Year) 1955

5. SEX F | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH March 5, 1925 | 9. AGE last birthday 29 yrs. | If under 1 year: Months 10, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY Housewife | 11. BIRTHPLACE (State or foreign country) Maryland | 12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME Wm. Filmore Evans | 14. MOTHER'S MAIDEN NAME Constance Heath

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMANT AND ADDRESS Wm. Evans, Box 505, Route 14, Balto 20

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
410X Immediate cause	(a) Pulmonary Embolism	Immediate death
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 6450	(b) Mitral regurgitation & Stenosis	15 years
	(c) Rheumatic fever	15 years ago

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 7 months pregnancy

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/15, 1954, to 1/23, 1955, that I last saw the deceased alive on 1/22, 1955, and that death occurred at 10 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

A. L. Kolodnyme | 45 Edgewater apts. Balt. 21, Md | 1/24/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 1/27/55 | NAME OF CEMETERY OR CREMATORY Oak Lawn | LOCATION (City, town, or county) Eastern Ave. | (State) Balto. md.

DATE REC'D BY LOCAL REG. 1/25/55 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR John J. Connelly | ADDRESS East 21-

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

0 5 1 6 8

00177

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place) 6 Mths
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ridgeway Manor

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto. City
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 627 St. Dunstans Rd.

3. NAME OF DECEASED: (First) Estella (Middle) May (Last) Berlincke
4. DATE OF DEATH: (Month) January (Day) 31 (Year) 1955

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed
8. DATE OF BIRTH: May 30, 1880
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Baltimore
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frederick Grunewald
14. MOTHER'S MAIDEN NAME: Amelia ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) None
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Frank J. Berlincke Jr, 627 St Dunstans Rd

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Arteriosclerotic Cardiovascular Disease — INTERVAL BETWEEN ONSET AND DEATH: 3 years

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST
(B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerosis Generalized — 5 years

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1947, to Jan. 31, 1955, that I last saw the deceased alive on Jan. 30, 1955, and that death occurred at 9:15 A M, from the causes and on the date stated above.
SIGNATURE John F. Schaefer M. D. ADDRESS 401 Random Road DATE SIGNED Feb. 1 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: Feb 3 1955
NAME OF CEMETERY OR CREMATORY: Moreland Mem. Park
LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 2-2-55
REGISTRAR'S SIGNATURE: G. E. Hedrick per EMS
24. FUNERAL DIRECTOR: John A. Moran ADDRESS: 3000 E. Balto St.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00178

CERTIFICATE OF DEATH

Reg. Dist. No. 42

00173

1. PLACE OF DEATH:
03 COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus
51 LENGTH OF STAY (in this place) ?
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4409 Highview Ave
00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus
STREET ADDRESS 4409 Highview Ave (If rural, give location)
51 1

3. NAME OF DECEASED: (Type or Print) (First) Irene (Middle) B. (Last) Birx
4. DATE OF DEATH: (Month) Jan. (Day) 3, (Year) 1955
5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Oct. 25, 1897
9. AGE last birthday: 57 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: William Taylor
14. MOTHER'S MAIDEN NAME: Amelia Kolaski

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) none
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Frederick C. Birx, 4409 Highview Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
4 1
Immediate cause (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Art & Cereb Sclerosis
DUE TO
(c) Coronary Occlusion

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/5, 1954, to 1/3/55, 19....., that I last saw the deceased alive on 12/31, 1954, and that death occurred at 2:20 P.m., from the causes and on the date stated above.
SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
M.D. Hamilton & Md 1/4/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 1-6-55
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) (State) Balto., Co., Md.
DATE REC'D BY LOCAL REG. Jan 6 55
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR, ADDRESS Howard H. Hubbard, 4107 Wilkens Ave

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

00194

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00179 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
LENGTH OF STAY (in this place) in transit
HOSPITAL OR INSTITUTION OR STREET ADDRESS 211 Main Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Reisterstown
STREET ADDRESS (If rural, give location) Mt. Gilead Rd.

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) William (Last) Brathuhn

4. DATE OF DEATH (Month) Jan. (Day) 10 (Year) 1955

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Aug. 26, 1954

9. AGE last birthday: 4 mos. yrs. IF UNDER 1 YEAR: Months 4 Days 15 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Baltimore City, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James W. Brathuhn

14. MOTHER'S MAIDEN NAME: Anna Zartler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Reisterstown, Md. James W. Brathuhn, Mt. Gilead Rd.,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Diarrhea — DUE TO — INTERVAL BETWEEN ONSET AND DEATH: 3 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: none

19a. DATE OF OPERATION: none

19b. MAJOR FINDING OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. none

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY none

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none M.

21e. INJURY OCCURRED While at work ☐ none Not while at work ☐

21f. HOW DID INJURY OCCUR? none

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE D. D. Caples M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED 1-15-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Jan, 13. 55

NAME OF CEMETERY OR CREMATORY Pleasant Grove

LOCATION (City, town, or county) (State) Boring, Md.

DATE REC'D BY LOCAL REG. 1-12-55

REGISTRAR'S SIGNATURE Mary B. Eline.

24. FUNERAL DIRECTOR J.F. Eline & Sons, Reisterstown, Md.

ADDRESS

208427343 6

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00195 CERTIFICATE OF DEATH

00180

Reg. Dist. No. 38

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X TOWSON 4 (PROVIDENCE)
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 PROVIDENCE ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PROVIDENCE X
STREET ADDRESS (If rural give location) PROVIDENCE RD. 1

3. NAME OF DECEASED: (Type or Print) (First) IDA (Middle) E (Last) BREIDENSTEIN

4. DATE OF DEATH: (Month) JAN. (Day) 18, (Year) 19 55

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOW

8. DATE OF BIRTH: AUG. 15, 1872

9. AGE last birthday: 82 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: LOUIS BREYER

14. MOTHER'S MAIDEN NAME: CATHERINE HELD

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO
(If Yes, give war or dates of service) NONE

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: FAMILY RECORDS

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive Failure — Interval Between Onset And Death: 1.5 months

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Arterio-sclerotic C-V disease — 15 yrs

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. ,1946, to Jan. 18., 19.55, that I last saw the deceased alive on 1/16, 19.55, and that death occurred at 6.53 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Jos. A. Sedlack, M.D. 200 W. Penna. Ave. Towson 4 Md. 1/21/55

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

DATE THEREOF JAN. 22, 1955

NAME OF CEMETERY OR CREMATORY MORELAND MEMORIAL

LOCATION (City, town, or county) (State) PARKVILLE, MD.

DATE REC'D BY LOCAL REGISTRAR Jan. 22, 1955

REGISTRAR'S SIGNATURE Mabel C. Gray

24. FUNERAL DIRECTOR ADDRESS John Burns' Sons, Towson, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00196 **CERTIFICATE OF DEATH** Reg. Dist. No. 30 06181

1. PLACE OF DEATH: Baltimore
COUNTY MARYLAND
52 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place) 11mos. 3wks
14 HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington 23 16X-2
STREET ADDRESS (If rural give location) 5783 Auth Road, S. E.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Elizabeth Kane Bright

4. DATE OF DEATH: (Month) (Day) (Year) Jan. 24 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	W	11-5-1872	82 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10B. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife		Pennsylvania	USA

13. FATHER'S NAME: Andrew Kane

14. MOTHER'S MAIDEN NAME: Frances Sullivan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
No			Hospital records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 IMMEDIATE CAUSE (A) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Arteriosclerosis, general — Unk.

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 3., 1954, to Jan. 24., 1955 that I last saw the deceased alive on Jan. 24, 1955, and that death occurred at 10:20 P.M., from the causes and on the date stated above.

SIGNATURE Lorine Frances Woodward M.D. ADDRESS Spring Grove State Hospital DATE SIGNED -1-24-

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan 27-55	Arlington Meth.	Arlington Va.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan. 25. 55	V. E. Harry	Simmons Bros.	1661 - Good Hope Rd Wash. DC. S.E.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 19 00182

00197 CERTIFICATE OF DEATH

Reg. Dist. No. ... ..

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore 19. MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Sparrows Pt. X
LENGTH OF STAY (in this place) 23yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2519 Sycamore Av.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN me X
STREET ADDRESS (If rural give location) #1.

3. NAME OF DECEASED: (Type or Print) (First) ANNIE (Middle) MARIE (Last) BRITT

4. DATE OF DEATH: (Month) JAN. (Day) 21. (Year) 1955

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOW.

8. DATE OF BIRTH: dec 20. 1874.

9. AGE last birthday: 80. yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housework

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Virginia HANOVER COUNTY

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Burtow.

14. MOTHER'S MAIDEN NAME: Mary Mallory.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None.

17. INFORMANT & ADDRESS: Thelma Britt - as in #1.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 422.1 (a) Arteriosclerotic Cardio. DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Vascular disease. DUE TO

(c)

Interval Between Onset And Death: 8 years.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Adeno carcinoma Uterus. — 4 mo.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 50, to Jan 15, 55, that I last saw the deceased alive on Jan 15 19 55, and that death occurred at 10:20 P., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Louis N. Tollin. M.D. 6908 North Pt Rd Balto. 19 Jan 21/55

23. BURIAL, CREMATION, REMOVAL (Specify) Removal | DATE THEREOF Jan 24/55 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) Richmond Va

DATE REC'D BY LOCAL REGISTRAR 1-24-55 | REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Mrs. Robert A. Elliott & Daughter ADDRESS 1109 N. Carlton St.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00183

00198 **CERTIFICATE OF DEATH** Reg. Dist. No.

1 PLACE OF DEATH

COUNTY Baltimore MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard

LENGTH OF STAY (in this place) 2 Days

HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore

STREET ADDRESS (If rural give location) 2614 Bruce Terrace

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) L. (Last) BROWN

4. DATE OF DEATH: (Month) January (Day) 9, (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Colored	Married	2/19/90	64 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Ice Company	Baltimore, Maryland	U. S. A.

13. FATHER'S NAME: William Brown

14. MOTHER'S MAIDEN NAME: Salima Watts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Yes	WW I	Unknown	Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) HYPERTENSIVE CARDIO-VASCULAR DISEASE — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. 21E INJURY OCCURRED While at work [ ] Not while at work [ ] 21F. HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from Jan.7, , 1955 to Jan.9, , 1955, [redacted] and that death occurred at 9:40 M, from the causes and on the date stated above.

SIGNATURE [redacted] ADDRESS VAH, FORT HOWARD, MARYLAND DATE SIGNED 1/10/55

WILLIAM B. VANDEGRIFT, M. D. M. D.

23 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Jan 13/55 — NAME OF CEMETERY OR CREMATORY Baltimore National — LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 1-12-55 — REGISTRAR'S SIGNATURE [signature] — 24 FUNERAL DIRECTOR AND ADDRESS Edward Ringgold Funeral Home 1463 N. Carey Sts.,Balto., Maryland

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00184

03199

CERTIFICATE OF DEATH

Reg. Dist. No. 37

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Brooklyn Park (Anne Arundel)
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3323 Fairview Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore X
STREET ADDRESS (If rural give location) 3323 Fairview Ave.

3. NAME OF DECEASED: (Type or Print) (First) Virginia (Middle) Augusta (Last) Buckheit

4. DATE OF DEATH: (Month) Jan. (Day) 29 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 2, 1909

9. AGE last birthday 45 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas Augustus Jett

14. MOTHER'S MAIDEN NAME: Ruth E. McCandless

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 220-12-4564

17. INFORMANT & ADDRESS: Thomas A. Jett-3323 Fairview Ave.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

171X

IMMEDIATE CAUSE (A) Malignancy of Cervix — INTERVAL BETWEEN ONSET AND DEATH 5 mo.

ANTECEDENT CAUSE (B) DUE TO Metastasis to Lungs & Abdomen

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. , 1954, to Jan 29 , 1955, that I last saw the deceased alive on 1-28-55, 19 , and that death occurred at 4:10 M, from the causes and on the date stated above.

SIGNATURE Guy S. Linthicum M. D. ADDRESS 1605 Edmondson Ave 29 DATE SIGNED 1-31-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Feb. 1, 1955

NAME OF CEMETERY OR CREMATORY Mount Olive Cem.

LOCATION (City, town, or county) (State) Randallstown, Md.

DATE REC'D BY LOCAL REGISTRAR 1-31-55

REGISTRAR'S SIGNATURE A W Hedrick

24. FUNERAL DIRECTOR Ellsworth Armacost **ADDRESS** 4600 Liberty Hghts. Ave.7

00200

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06185

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physi[illegible]: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (In this place) 2 mo. 5 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS 400 Allview Court

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE apt 5- Oakle Village COUNTY Balto Md
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore Md
STREET ADDRESS (If rural, give location) apt 5. Oaklee Village

3. NAME OF DECEASED (Type or Print): (First) ROBERT- VINCENT (Middle) (Last) BURNS

4. DATE OF DEATH: (Month) Jan (Day) 24 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Mar. 20, 1893

9. AGE last birthday: 61 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: National Enamel

11. BIRTHPLACE (State or foreign country): Balto Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Q. Burns

14. MOTHER'S MAIDEN NAME: Julia Mae

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 213-16-5773

17. INFORMANT: W. Gordon Burns 400 Allview Court.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Cerebral Thrombosis, left — 1 day

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Anterior Wall infarction due to

(c) Coronary Arteriosclerosis — 1 year

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-4, 1950, to 1-24, 1955, that I last saw the deceased alive on 1-23, 1955, and that death occurred at 1:30 a m., from the causes and on the date stated above.

SIGNATURE: John P. Ulrich, Jr. (Degree or title) M.D. ADDRESS: 1227 Wash. Blvd DATE SIGNED: 1-25-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Jan 27. 1955 — NAME OF CEMETERY OR CREMATORY: Baltimore — LOCATION (City, town, or county) (State): Balto City Md

DATE REC'D BY LOCAL REG. 1/25/55 — REGISTRAR'S SIGNATURE: A W. Hedrick M.D.

24. FUNERAL DIRECTOR: John F. Teufel ADDRESS: 5311 Edmondson Ave

00201

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 18 Film G177 3-2-55 ams

CERTIFICATE OF DEATH

00186

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
X CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard, LENGTH OF STAY (in this place) 8 hrs. 20 Min.
50 HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 501 Sanford Place

3. NAME OF DECEASED: (Type or Print) (First) CLARENCE (Middle) E (Last) BURRIS

4. DATE OF DEATH: (Month) January (Day) 1 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1/16/98

9. AGE last birthday 56 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waiter

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Salisbury, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Clem Burris

14. MOTHER'S MAIDEN NAME: Felecia MN: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm.Hosp.,Ft.Howard, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Pneumococcal ~~MENINGOCOCCAL~~/MENINGITIS — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSE (S) DUE TO (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that VA I attended the deceased from Dec. 31, 1954, to Jan 1, 1955 ~~that I last saw the deceased alive on~~ XXXXXXXXXXXXXXXXX 19 ... and that death occurred at 3:20A M, from the causes and on the date stated above.

SIGNATURE CHARLES DU GAN, M.D. [signature] M.D. ADDRESS VAH, Fort Howard, Md. DATE SIGNED 1/1/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 1/4/1955 — NAME OF CEMETERY OR CREMATORY Arbutus Memorial Park — LOCATION (City, town, or county) (State) 1827 W.North Ave. Balto, Md

DATE REC'D BY LOCAL REGISTRAR 1-3-55 — REGISTRAR'S SIGNATURE A W [signature]

24. FUNERAL DIRECTOR ADDRESS Arlington S. Phillips Funeral Home 1808 N. Monroe St. Baltimore, Md.

VS. A15 — 10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00187

00202 **CERTIFICATE OF DEATH** Reg. Dist. No. .....

1. PLACE OF DEATH
COUNTY BALTO. CO. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CATONSVILLE
LENGTH OF STAY (in this place) 7 YR.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1304 RICE AVE.

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE
STREET ADDRESS (If rural give location) 1304 RICE AVE.

3. NAME OF DECEASED: (Type or Print) (First) ANN (Middle) LORETTA (Last) BUTLER

4. DATE OF DEATH: (Month) 1/4 (Day) (Year) 55 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	Widow	3/22/1866	88 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
DOMESTIC	AT HOME	N.Y. N.Y.	U.S.A.

13. FATHER'S NAME: DANIEL DEMPSEY

14. MOTHER'S MAIDEN NAME: ANNIE McCARTHY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
		HENRY J. BUTLER

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Acute [illegible] DUE TO

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) [illegible] DUE TO

(C) [illegible]

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. [illegible]

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JAN 1, 1955, to JAN 4, 1955, that I last saw the deceased alive on JAN 4, 1955, and that death occurred at 7:40 AM, from the causes and on the date stated above.

SIGNATURE [illegible] M.D. ADDRESS [illegible] DATE SIGNED 1/6/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	1/7/55	LOUDON PARK	BALTO. MD.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/11/55	J. E. Harris	MACNABB & SON	

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 12 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00203

CERTIFICATE OF DEATH

Reg. Dist. No. 00188 38

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
03 COUNTY Baltimore MARYLAND
55 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson
LENGTH OF STAY (in this place)
00 HOSPITAL OR INSTITUTION OR STREET ADDRESS 8423 Loch Raven Boulevard

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore 03
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson 55
STREET ADDRESS (If rural give location) 8423 Loch Raven Boulevard 1

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) H. (Last) CARSCADEN

4. DATE OF DEATH: (Month) January (Day) 5, (Year) 1955

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: Nov. 9, 1905
9. AGE last birthday: 49 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): District Sales Manager
10B. KIND OF BUSINESS OR INDUSTRY: Hachmeister Corp.
11. BIRTHPLACE (State or foreign country): Cumberland, Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John H. Carscaden
14. MOTHER'S MAIDEN NAME: Stella Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) --
16. SOCIAL SECURITY NO. 215-26-9735
17. INFORMANT & ADDRESS: Edna Carscaden, 8423 Loch Raven Boulevard

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Coronary occlusion — Minutes
ANTECEDENT CAUSE (B) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(26 DX) (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes mellitus — ?

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1954, to Jan 5, 1955, that I last saw the deceased alive on Jan 3, 1955, and that death occurred at 1:50 A M, from the causes and on the date stated above.
SIGNATURE AND ADDRESS OF M. D. C. Allan Lynch 4406 Loch Raven Blvd
DATE SIGNED Jan 5, 1954

23. BURIAL, CREMATION, REMOVAL (SPECIFY) removal
DATE THEREOF 1/5/55
NAME OF CEMETERY OR CREMATORY Cumberland
LOCATION (City, town, or county) (State) Cumberland, Maryland

DATE REC'D BY LOCAL REGISTRAR 1-5-55
REGISTRAR'S SIGNATURE A W Kitzmiller
24. FUNERAL DIRECTOR AND ADDRESS Wm. Cook Inc., 1217 St. Paul Street

MARYLAND 00204

00189
STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills; MARYLAND LENGTH OF STAY (in this place) 60 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS Ritters Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills; STREET ADDRESS (If rural, give location) Ritters Lane

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
NELLIE	REBECCA	CASSIDY	January 24 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hr: Hours	Min
Female	White	Widowed	May 26 1893	61 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None - wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Josiah Disney
14. MOTHER'S MAIDEN NAME: Susan E. Ruby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 220-30-3635
17. INFORMANT AND ADDRESS: Mrs. Lowell Huff, Owings Mills Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Leukemia

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)..... (c)...

INTERVAL BETWEEN ONSET AND DEATH: 6 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1954, to January 24, 1955, that I last saw the deceased alive on January 24, 1955, and that death occurred at 7:00 P.m., from the causes and on the date stated above.

SIGNATURE AND (Degree or title) Clarence E. McWilliams M.D. ADDRESS Reisterstown Maryland DATE SIGNED January 24 1955

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Jan 27-1955 | NAME OF CEMETERY OR CREMATORY: Pleasant Hill Cemetery | LOCATION (City, town, or county) (State): Owings Mills, Md

DATE REC'D BY LOCAL REG. 1-26-55 | REGISTRAR'S SIGNATURE: Mary B. [illegible]

24. FUNERAL DIRECTOR: Wm Berryman & Sons - Reisterstown, Md. ADDRESS

MARGIN RESERVED FOR BINDING

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00205 **CERTIFICATE OF DEATH** Reg. Dist. No. 00190 37

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

A15—10-53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Timonium; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 Thelma Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Timonium; STREET ADDRESS (If rural give location) Thelma Avenue

3. NAME OF DECEASED: (First) Annie (Middle) Pedora (Last) Chaffman

4. DATE OF DEATH: (Month) Jan. (Day) 22 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widow

8. DATE OF BIRTH: Jan. 8, 1877

9. AGE last birthday 79 yrs. IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours — Mln. —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robt. T. Turnbaugh

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mrs. J. N. Shuler, Timonium, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

199.9

IMMEDIATE CAUSE (A) DUE TO Cardiac Failure

ANTECEDENT CAUSE (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Carcinomatosis

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22 I hereby certify that I attended the deceased from 11/20/, 1954, to 1/22/, 1955, that I last saw the deceased alive on 1/22/, 1955, and that death occurred at 10:30 P.M., from the causes and on the date stated above.

SIGNATURE M. K. Quinn M.D. ADDRESS Timonium DATE SIGNED 1/24/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF Jan. 26 1955 NAME OF CEMETERY OR CREMATORY Joseph Cemetery LOCATION (City, town, or county) (State) Cockeysville, Md.

DATE REC'D BY LOCAL REGISTRAR 27 January 1955 REGISTRAR'S SIGNATURE Irene Ennis Fead MacRae

24. FUNERAL DIRECTOR ADDRESS John Burns' Sons, Towson, Md.

Ua. 3. 6a73

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00191

00206 CERTIFICATE OF DEATH Reg. Dist. No. 32

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Augsburg Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 3 Vol-4
STREET ADDRESS (If rural give location) 720 McCabe ave

3. NAME OF DECEASED: (Type or Print) (First) ELIZABETH (Middle) ROVENE (Last) CHITTENDEN
4. DATE OF DEATH: (Month) Jan (Day) 28 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	widow	Apr 19 1878	76 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto. Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Alfred Freedy
14. MOTHER'S MAIDEN NAME: VIRGINIA Elliott

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Augsburg Home Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

490X
Immediate cause (a) — Lobar Pneumonia — 3 days
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) — Arterio - Sclerotic Heart Disease — 5 yrs.
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. — Oral - nutritional — 2 yrs.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 25, 1955, to Jan. 28, 1955, that I last saw the deceased alive on Jan. 28, 1955, and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Emil L. Chambers	M.D.	4108 Liberty Hts. ave. Balto. Md.	1/29/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan 31 1955	Mount Olivet	Baltimore

DATE REC'D BY LOCAL REGISTRAR: 1-31-55
REGISTRAR'S SIGNATURE: [signature]
24. FUNERAL DIRECTOR: H. M. Jenkins Sons Co. ADDRESS: 4905 York Rd.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

00192

MARYLAND 00207

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RANDALLSTOWN — LENGTH OF STAY (In this place) 43 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MIGANS LOAD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RANDALLSTOWN — X
STREET ADDRESS (If rural, give location) MIGANS ROAD

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
GEORGE	LEWIS	CLINGMAN	JAN	18	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hr Hours	Min
MALE	WHITE		DEC. 20 1866	88 yrs.	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
FARMER	FARMING	MARYLAND	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
UNKNOWN	UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO	NO	MRS PEARL MEYERS RANDALLSTOWN MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CEREBRAL VASCULAR ACCIDENT — 4 MONTHS
442.X

Antecedent cause(s) LEFT SIDE-

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) HYPERTENSIVE C.V. DISEASE E

(c) RENAL INSUFFICIENCY — 10 YEARS

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from APRIL, 1954, to JAN 18, 1955, that I last saw the deceased alive on JAN 18, 1955, and that death occurred at 7 A m., from the causes and on the date stated above.

SIGNATURE John E. Wheeler (Degree or title) MD ADDRESS Randallstown MD DATE SIGNED 1-18-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Jan 20-55	Sect Cem	Randallstown	Md

DATE REC'D BY LOCAL REG. 1-18-55 — REGISTRAR'S SIGNATURE Dorothy A. Newell — 24. FUNERAL DIRECTOR Frank N. Newell & Schmidt — ADDRESS Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00208

CERTIFICATE OF DEATH

00193

Reg. Dist. No. ..

1. PLACE OF DEATH: 03 COUNTY Baltimore MARYLAND
52 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cockeysville
LENGTH OF STAY (in this place) 2½ yrs.
14 HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto.
STREET ADDRESS (If rural give location) 1500 N. Charles.

3. NAME OF DECEASED: (Type or Print) (First) ALICE (Middle) B (Last) COLBURN.
4. DATE OF DEATH: (Month) 1 (Day) 2 (Year) 1955

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single
8. DATE OF BIRTH: 02-24-68
9. AGE last birthday 86 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher,
10B. KIND OF BUSINESS OR INDUSTRY Schools,
11. BIRTHPLACE (State or foreign country): Maryland USA
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edward A Colburn
14. MOTHER'S MAIDEN NAME: Mary Brooke,

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT & ADDRESS. MARY B COLBURN 1500 N Charles.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Senility & Arteriosclerosis.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Jaundice secondary to

DUE TO (C) Thorazine Treatment Toxic Hepatitis

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH Debility 2nd to (1) Cutaneous Glaucoma

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 17, 19 55, to Jan 2, 19 55, that I last saw the deceased alive on Jan 2, 19 55, and that death occurred at 4:45 P.M., from the causes and on the date stated above.

SIGNATURE Spring Grove Hospital M. D. ADDRESS Baltimore, Md. DATE SIGNED 1/2/55.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF JAN. 5, 1955
NAME OF CEMETERY OR CREMATORY Holy Trinity Cemetery
LOCATION (City, town, or county) (State) Churchville, Harford Co., Md.

DATE REC'D BY LOCAL REGISTRAR 1-4-55
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Wm. J. Tickner & Sons ADDRESS Balto. 17, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

00209

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00194 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 33

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Sparks (Rural) | LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Falls Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Sparks (Rural) X
STREET ADDRESS (If rural, give location) Falls Rd.

3. NAME OF DECEASED: (Type or Print) (First) Hadrack (Middle) McKinley (Last) Cole

4. DATE OF DEATH (Month) 1 (Day) 26 (Year) 1955

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Nov 28, 1893

9. AGE last birthday: 61 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Stone mason

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Judson Cole

14. MOTHER'S MAIDEN NAME: Catherine Cooter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) World War I

16. SOCIAL SECURITY NO.: 213-17-8110

17. INFORMANT & ADDRESS: Mr. Abel Cole Sparks, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary artery Disease — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) — DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: 6 mos

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH: None

19a. DATE OF OPERATION: None.

19b. MAJOR FINDING OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. None.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY None

21c. (City or town) (County) (State) None

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY None M.

21e. INJURY OCCURRED While at work ☐ Not while work ☐ None

21f. HOW DID INJURY OCCUR? None

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE D. S. Caplis M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 1-27-1955

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 1-29-55
NAME OF CEMETERY OR CREMATORY Falls Rd Chapel
LOCATION (City, town, or county) (State) Sparks, Baltimore, Md

DATE REC'D BY LOCAL REG. 1-28-55
REGISTRAR'S SIGNATURE Mary B. Eline

24. FUNERAL DIRECTOR Brooks Funeral Service
ADDRESS Sparks, Md.
J. Scott Brooks

I MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

BUREAU V. S.

00210

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00195 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 30

1. PLACE OF DEATH: COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 116 Forest Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md ~~COUNTY~~ Balto
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Balto
STREET ADDRESS (If rural, give location) 3740 Manchester ave

3. NAME OF DECEASED: (Type or Print) (First) Jessica (Middle) Ethel (Last) Croad
4. DATE OF DEATH (Month) July (Day) 14 (Year) 19 53
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH: Oct. 26, 1888
9. AGE last birthday 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): domestic
10b. KIND OF BUSINESS OR INDUSTRY: house work
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Joshua Croad
14. MOTHER'S MAIDEN NAME: Jessica Hamilton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: George H Croad 3740 Manchester ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: INTERVAL BETWEEN ONSET AND DEATH

420.1
Immediate cause (a) Coronary occlusion
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town, (County) (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Jer W. Kieffer M. D. 1010 Leadenhall
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☑
DATE SIGNED July 14 53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 1-17-53
NAME OF CEMETERY OR CREMATORY Druid Park Cem
LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REG. 1-17-53
REGISTRAR'S SIGNATURE A W Hammond
24. FUNERAL DIRECTOR Wm. J. Pickney & Sons
ADDRESS Balto 17 Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

MARYLAND 00211

STATE DEPARTMENT OF HEALTH 00195

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown; LENGTH OF STAY (in this place) MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown; STREET ADDRESS (If rural, give location) 17 Aldyth Ave

3. NAME OF DECEASED (Type or Print): (First) Mugent (Middle) Taylor (Last) Day

4. DATE OF DEATH: (Month) January (Day) 19 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 27, 1917

9. AGE last birthday: 37 yrs. If under 1 year: Months, Days. If under 24 hr: Hours, Min

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurse

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jesse William Taylor

14. MOTHER'S MAIDEN NAME: Ida Blanche Friend

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY No.: 216-24-5753

17. INFORMANT AND ADDRESS: Mr. Howard Day, Reisterstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma intestine with generalized metastasis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)... (c)...

INTERVAL BETWEEN ONSET AND DEATH: 1 year

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (If home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from February, 1954, to January 19, 1955, that I last saw the deceased alive on January 19, 1955, and that death occurred at 11:25 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Clarence E. McWilliams, M.D. Reisterstown, Maryland January 19 1955

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Jan. 22, 1955 | NAME OF CEMETERY OR CREMATORY: All Saints | LOCATION (City, town, or county) (State): Reisterstown, Md.

DATE RECD BY LOCAL REG. 1/21/55 | REGISTRAR'S SIGNATURE: Mary B. Eline | 24. FUNERAL DIRECTOR / ADDRESS: J.F. Eline & Sons, Reisterstown, Md.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00197

00212

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 55 TOWSON
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 105 WARE AVENUE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY BALTO.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) TOWSON 55
STREET ADDRESS (If rural give location) 105 WARE AVENUE

3. NAME OF DECEASED: (First) ANNA (Middle) MARIE (Last) DEICHELMAN
4. DATE OF DEATH: (Month) JAN. (Day) 17, (Year) 1955

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: JUNE 22, 1874
9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: FERDERNAND VEY
14. MOTHER'S MAIDEN NAME: ANNA M. STERNER

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) NONE
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT & ADDRESS: FAMILY RECORDS

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

442X

Immediate cause (a) [illegible]

DUE TO [illegible]

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) [illegible]

DUE TO

(c) [illegible]

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 19[illegible] to Jan 17th, 1955, that I last saw the deceased alive on Jan 17th, 19[illegible] and that death occurred at [illegible] from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) M.D. ADDRESS 840 Stevenson Rd DATE SIGNED 1/18/55

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL DATE THEREOF JAN. 20 1955 NAME OF CEMETERY OR CREMATORY HOLY REDEEMER CEM. LOCATION (City, town, or county) BALTIMORE, MD. (State)

DATE REC'D BY LOCAL REGISTRAR Jan. 20, 1955 REGISTRAR'S SIGNATURE Mabel C. Gray

24. FUNERAL DIRECTOR John Burns & Sons ADDRESS Towson, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00198

00213 **CERTIFICATE OF DEATH** Reg. Dist. No. 38

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 55 Towson
LENGTH OF STAY (in this place)
90 HOSPITAL OR INSTITUTION OR STREET ADDRESS Codd Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Callanda
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED. (Type or Print) (First) Ninnia (Middle) C. (Last) Devin

4. DATE OF DEATH: (Month) Jan. (Day) 13, (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: June 22, 1867

9. AGE last birthday 87 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: C. R. Cousins

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS. Family Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 334-X (A) Hemiplegia — INTERVAL BETWEEN ONSET AND DEATH: 3½ days

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Cerebral Arterio-sclerosis — DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Generalized Arterio-Sclerosis ?

19A. DATE OF OPERATION: None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

2 I hereby certify that I attended the deceased from 9/24, 1953 to 1/13, 1955 that I last saw the deceased alive on 1/10, 1955 and that death occurred at 11:30 p. M, from the causes and on the date stated above.

SIGNATURE Jno. A. Sedlack M. D ADDRESS DATE SIGNED 1/14/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal

DATE THEREOF Jan. 16 1955

NAME OF CEMETERY OR CREMATORY Swansonville Cemetery

LOCATION (City, town, or county) (State) Pittsylvania Co. Va.

DATE REC'D BY LOCAL REGISTRAR Jan. 14, 1955

REGISTRAR'S SIGNATURE Mabel C. Gray

24. FUNERAL DIRECTOR ADDRESS John Burns' Sons, Towson, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

U.S. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH

00214 2411 N. Charles Street, Baltimore 00199

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Sparrows Pt
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 824 N St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Pt X
STREET ADDRESS (If rural, give location) 824 N St 1

3. NAME OF DECEASED (Type or Print): (First) Rosa (Middle) (Last) Docking

4. DATE OF DEATH: (Month) 1 (Day) 27 (Year) 1955

5. SEX F | 6. COLOR OR RACE C | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow | 8. DATE OF BIRTH Jan 25 1881 | 9. AGE last birthday 74 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Upper Marlboro Md | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Joseph Smallwood | 14. MOTHER'S MAIDEN NAME Matilda ? Balto

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS Charlotte C. Harvey 1637 Maryland Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma with metastasis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) from breast to stomach and liver

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. High tension & Coronary arteriosclerotic heart disease

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-20, 1955, to 1/27, 1955, that I last saw the deceased alive on 1/26, 1955, and that death occurred at 7:30 A.M., from the causes and on the date stated above.

SIGNATURE F. D. Richmond (Degree or title) MD. ADDRESS 1422 E. Chase St DATE SIGNED 1/28/55

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE 1-30-55 | NAME OF CEMETERY OR CREMATORY Mt. Calvary Cem | LOCATION (City, town, or county) (State) Balto. Co. Md.

DATE REC'D BY LOCAL REG. 1-31-55 | REGISTRAR'S SIGNATURE [illegible] | NAME OF FUNERAL DIRECTOR Samuel W. Sullivan Jr | ADDRESS 1011 N. Arlington Ave - Balto.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00215

CERTIFICATE OF DEATH

00220

Reg. Dist. No. ~~5-55~~

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 321 Westowne Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
STREET ADDRESS (If rural, give location): 321 Westowne Road

3. NAME OF DECEASED (Type or Print): (First) Alice (Middle) J. (Last) Donnelly

4. DATE OF DEATH (Month) (Day) (Year): 1/14/55 19

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): W

8. DATE OF BIRTH: 12/30/1867

9. AGE last birthday: 87 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Kentucky

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Fullwood

14. MOTHER'S MAIDEN NAME: Mary E. Clifton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: No

17. INFORMANT: Mary Virginia Fowler 321 Westowne Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

H50.0

Immediate cause (a) Generalized Arteriosclerosis — Interval between onset and death: unknown

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):
(CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour): m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan....., 1949..., to Jan....., 19.55., that I last saw the deceased alive on Jan. 14....., 1955..., and that death occurred at 9:30 P. m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) M.D. ADDRESS: 1 Mallow Hill Ave, Baltimore, Md. DATE SIGNED: 1/15/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 1/18/55
NAME OF CEMETERY OR CREMATORY: Moreland Memorial
LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG.: 1/19/55
REGISTRAR'S SIGNATURE: Victor E. Harry
1/17/55 [signature]
24. FUNERAL DIRECTOR: John T. Stanabury
ADDRESS: 2700 Edmondson Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

JAN
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00201

00216

CERTIFICATE OF DEATH

Reg. Dist. No. 37

Item 2, Pile 6176 1-27-55 et

1. PLACE OF DEATH. COUNTY: BALTIMORE MARYLAND: MD
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X Cockeysville - rural
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 90 MASONIC HOME

2. USUAL RESIDENCE (HOME) OF DECEASED. STATE: MD, COUNTY: BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: [illegible]
STREET ADDRESS (If rural give location): 1216 N. Broadway 3V 1-4

3. NAME OF DECEASED: (Type or Print) (First) EMMA (Middle) RHIEL (Last) DUNPHY

4. DATE OF DEATH: (Month) JAN (Day) 17 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOW

8. DATE OF BIRTH: AUG 7, 1871

9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): BALTIMORE MD

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CHAS. F. RIEHL

14. MOTHER'S MAIDEN NAME: CATHERINE F. BLOCK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: J. L. WRIGHT COCKEYSVILLE MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1
IMMEDIATE CAUSE (A) ACUTE PULMONARY EDEMA
DUE TO
ANTECEDENT CAUSE (B) CHRONIC SCLEROTIC ARTERIO -
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO VASCULAR DISEASE
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A DATE OF OPERATION. 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from FEB. 8, 1944 to JAN 17, 1955, that I last saw the deceased alive on JAN 14, 1955, and that death occurred at 10:15 A. M, from the causes and on the date stated above.

SIGNATURE Walter T. Ives ADDRESS M D. COCKEYSVILLE MD DATE SIGNED 1/17/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) DATE THEREOF Jan 20/55 NAME OF CEMETERY OR CREMATORY Greenmount Cemetery LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REGISTRAR 1/20/55 REGISTRAR'S SIGNATURE Laura M. Schroeder

24. FUNERAL DIRECTOR Wm Cook ADDRESS St. Paul + Preston St

VS. A15 — 10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

00217 00202

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. MARYLAND Md. CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Fullerton. LENGTH OF STAY (in this place) none. HOSPITAL OR INSTITUTION OR STREET ADDRESS 2 Madeline ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto. CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN White Hall (Skaneateles) X. STREET ADDRESS (If rural, give location) Norris ville Rd

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John	C.	Duval	Jan	18	1955.

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	March 14-1892	62 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Machinest	Wood Working Employee	Balto City md	U S A

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Brice B. DuVal	Janie Townsend

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes World War I	416-18-8841	Mrs St. John C. DuVal. White Hall md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary occlusion. DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Carbon Monoxide Poisoning DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: Immediate Unknown

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?
Dec Jan 18-55. 7:30 A.M. P.M.		

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE W. Mearmine M.D. M. D. CHIEF MEDICAL EXAMINER / DEPUTY MEDICAL EXAMINER / ASSISTANT MEDICAL EXAM. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/21/55	Balto Natl. Cem	Balto md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan-19-1955	Mrs. M. S. Reifsnider	Lasselle Funeral Home	7401 Belair Rd

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00203

00218 **CERTIFICATE OF DEATH** Reg. Dist. No. 36

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (In this place) Since Jan 25-55
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 1837 Main St

3. NAME OF DECEASED: (Type or Print) (First) FRAZIER (Middle) B (Last) EAKIN
4. DATE OF DEATH: (Month) Jan (Day) 29 (Year) 1955
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH: Jan 31 1893
9. AGE last birthday 61 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Visit Agent Ticket Agent
10B. KIND OF BUSINESS OR INDUSTRY: Bus Line
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: James R. Eakin
14. MOTHER'S MAIDEN NAME: J. Mary Frazier
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 213-05-8729
17. INFORMANT'S ADDRESS: Mrs. Annie R. Eakin 1837 Main St Woodbridge

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE (A) Uremia with congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 4 days
DUE TO
ANTECEDENT CAUSE (B) Cororary thrmobosis — 5 days
DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) Coronary and generalized arteriosclerosis — Years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/23, 1955, to 1/29, 1955, that I last saw the deceased alive on 1/29, 1955, and that death occurred at 1:30 P.M, from the causes and on the date stated above.
SIGNATURE S. Wachsler
ADDRESS M.D. Spring Grove St. Hospital
DATE SIGNED 1/29/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) | DATE THEREOF 2/1/55 | NAME OF CEMETERY OR CREMATORY Good Shepherd | LOCATION (City, town, or county) (State) Howard Co. Md

DATE REC'D BY LOCAL REGISTRAR 1-31-55 | REGISTRAR'S SIGNATURE A. W. Hedrick

24. FUNERAL DIRECTOR Wm. J. Pickens & Sons ADDRESS Woodbridge

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00204

00219 CERTIFICATE OF DEATH Reg. Dist. No. 40

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Bradshaw
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS or

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY B
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bradshaw X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) Laura (Middle) M. (Last) Earp
4. DATE OF DEATH: (Month) Jun. (Day) 31, (Year) 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	widowed	Nov.3,1863	91 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	none	Balto., Co., Md.,	U/S

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	none	Mrs. Laura L. Butt, Fullerton, Md.,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH.. Interval Between Onset And Death

Immediate cause (a) Cardiac Insufficiency 6 yrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) General Debility (Old Age) 1 year

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 1940, to Jan 30. 1955; that I last saw the deceased alive on Jan 30. 1955., and that death occurred at 5:10 AM., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Walter Mathews Mott Baldwin Jan 30-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb.2,1955	Camp Chapel	White Marsh, Balto., Md.

DATE REC'D BY LOCAL REGISTRAR 1-30-55 REGISTRAR'S SIGNATURE W M Hammett
24. FUNERAL DIRECTOR ADDRESS
Howard K. Mc Comas & Son, Abingdon, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00205

00220 **CERTIFICATE OF DEATH** Reg. Dist. No. 3

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10-53

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Pikesville
LENGTH OF STAY (in this place) 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 610 Upland Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
STREET ADDRESS (If rural give location) 610 Upland Rd.

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) Dorsey (Last) Earwaker

4. DATE OF DEATH: (Month) 1 (Day) 14 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 7-6-1879

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Clarksville, Md

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William Clark of T

14. MOTHER'S MAIDEN NAME: Mary V. Dorsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Charles Henry Earwaker

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

32 X

IMMEDIATE CAUSE (A) DUE TO: Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 wks

ANTECEDENT CAUSE (B): Hypertension — 5 yrs.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO: Art. Sclerosis — 5 yrs.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 19.., to Jan. 14th, 1955, that I last saw the deceased alive on Jan. 14th 1955, and that death occurred at 9.30 P. M., from the causes and on the date stated above.

SIGNATURE Samuel D. Miller M. D. ADDRESS Pikesville Md DATE SIGNED 1/15/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF 1/17/55 NAME OF CEMETERY OR CREMATORY St. Marks LOCATION (City, town, or county) (State) Clarksville Md

DATE REC'D BY LOCAL REGISTRAR 1, 15, 55 REGISTRAR'S SIGNATURE Dorothy G. Newell

24. FUNERAL DIRECTOR Frank H. Newell ADDRESS Pikesville Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00206

00221

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND Md
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CATONSVILLE
LENGTH OF STAY (in this place) 52 yrs 29 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 14 SPRING GROVE ST. HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY PR. GEORGE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN unknown
STREET ADDRESS (If rural give location) unknown 16X-2

3. NAME OF DECEASED: (Type or Print) (First) SAMUEL (Middle) JONES (Last) EDELIN

4. DATE OF DEATH: (Month) 1 (Day) 19 (Year) 1955

5. SEX M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): WIDOWED

8. DATE OF BIRTH: 11-16-1875

9. AGE last birthday 79 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CARPENTER

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: FRANK EDELIN

14. MOTHER'S MAIDEN NAME. MARY EDELIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) Unk. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Hosp. Record.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

231X IMMEDIATE CAUSE (A) Cerebrovascular accident — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Generalized arteriosclerosis

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Senility

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-31-, 1954, to 1-19-, 1955 that I last saw the deceased alive on 1-19-, 1955, and that death occurred at 7:15 M, from the causes and on the date stated above.

SIGNATURE S. Waldeck M. D. ADDRESS Spring Grove State Hosp Catonsville 28 Md DATE SIGNED 1-20-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal

DATE THEREOF Jan. 21/55

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town or county) (State) Waldorf, Md

DATE REC'D BY LOCAL REGISTRAR 1-21-55

REGISTRAR'S SIGNATURE C W Hines

24. FUNERAL DIRECTOR Harry A. Witzke

ADDRESS 4101 Edmondson Ave

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00207

00222 CERTIFICATE OF DEATH

Reg. Dist. No. 44

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Fort Howard; LENGTH OF STAY (in this place) 2 Days; HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3W 14; STREET ADDRESS (If rural give location) 924 Pennsylvania Avenue

3. NAME OF DECEASED: (Type or Print) (First) ROBERT (Middle) C. (Last) EDWARDS

4. DATE OF DEATH: (Month) (Day) (Year) January 22, 1955

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 4/7/1900

9. AGE last birthday: 54 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY: Bowling Alley

11. BIRTHPLACE (State or foreign country): Richmond, Virginia

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Henry Edwards

14. MOTHER'S MAIDEN NAME: Stella Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO. 217-09-9294

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
570.0 IMMEDIATE CAUSE	(A) SHOCK, IRREVERSIBLE	24 HRS.
ANTECEDENT CAUSE (B)	OUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) INTESTINAL GANGRENE	60 HRS.
	OUE TO	
	(C) INTUSSUSCEPTION-ILEOCOLIC	60 HRS.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH BUT NOT RELATEO TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 1/21/55

19B. MAJOR FINDINGS OF OPERATION: Resection of Cecum,Portions of Ascending Colon and Terminal Ileum and Witzel Jejunostomy

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNOERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from Jan.20,, 1955 to Jan.22,, 1955 and that death occurred at 6:15 A.M., from the causes and on the date stated above.

SIGNATURE: GEORGE C. GODFREY, M. D. M.D. ADDRESS: VAH, FORT HOWARD, MARYLAND DATE SIGNED: 1/23/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 1-28-55

NAME OF CEMETERY OR CREMATORY: Baltimore National

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'O BY LOCAL REGISTRAR: 1-24-55

REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR AND ADDRESS: William A. Jackson Funeral Home 924 Pennsylvania Ave.,Balto.,Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00208

00174

CERTIFICATE OF DEATH

Reg. Dist. No. 4-2

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
X CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RELAY
LENGTH OF STAY (in this place) 5 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1101 FRANCIS AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY BALTIMORE
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RELAY X
STREET ADDRESS (If rural give location) 1101 FRANCIS AVE

3. NAME OF DECEASED: (First) GEORGE (Middle) F. (Last) ENHARDT.

4. DATE OF DEATH. (Month) JAN. (Day) 2 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: JAN 21 1875

9. AGE last birthday 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CAR REPAIRMAN

10B. KIND OF BUSINESS OR INDUSTRY: B. & O. R. R.

11. BIRTHPLACE (State or foreign country): MARYLAND.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ? Eberhardt

14. MOTHER'S MAIDEN NAME: don't know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO 705-09-2741-A

17. INFORMANT & ADDRESS: MRS. GLADYS COLE 1101 FRANCIS AVE

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Cardio Vascular renal — 5 yrs

DUE TO (C) disease. Arteriosclerosis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 1950, to June 2, 1955 that I last saw the deceased alive on Jan. 1, 1955 and that death occurred at 5a M, from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS 1010 Leadenhall DATE SIGNED Jan 3 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

DATE THEREOF 1/6/55

NAME OF CEMETERY OR CREMATORY LOUDON PARK.

LOCATION (City, town or county) (State) BALTIMORE, MARYLAND.

DATE REC'D BY LOCAL REGISTRAR Jan 3 55

REGISTRAR'S SIGNATURE Geo Kieffer

24. FUNERAL DIRECTOR Joseph J. Timbrook Jr.

ADDRESS 1326 Eastern Ave.

RECEIVED
JAN 5
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

00223

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00269

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Parkville
LENGTH OF STAY (in this place) 3 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3802 Harford Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville
STREET ADDRESS (If rural, give location) 3802 Harford Rd. X

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) F. (Last) EVANS
4. DATE OF DEATH: (Month) Jan (Day) 17 (Year) 19[illegible]

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Wid
8. DATE OF BIRTH: March 25, 1883
9. AGE last birthday: 72 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Funeral Director
10b. KIND OF BUSINESS OR INDUSTRY: Funeral
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles F. Evans
14. MOTHER'S MAIDEN NAME: Catherine Spence

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 215-01-2715
17. INFORMANT AND ADDRESS: Nellie S. Evans 3123 Guilford Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) 331X Cerebrovascular Hemorrhage — Interval between onset and death: 1 hr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) Hypertension — (c) [illegible] — Interval: 3 yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 19[illegible], to Jan 17, 19[illegible], that I last saw the deceased alive on [illegible], 19[illegible] and that death occurred at [illegible] m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[illegible] 1/19/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 1-21-55
NAME OF CEMETERY OR CREMATORY: Lew Catheral Cemetery
LOCATION (City, town, or county) (State): Baltimore Md.

DATE REC'D BY LOCAL REG.: 1-19-55
REGISTRAR'S SIGNATURE: [illegible]
24. FUNERAL DIRECTOR: Chas F. Evans & Son
ADDRESS: 118 W Mt. Royal Ave

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00210

00224 **CERTIFICATE OF DEATH** Reg. Dist. No.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: 03
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 52 CATONSVILLE
LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 311 STRATFORD RD.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY BALTO. 03
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CATONSVILLE 52
STREET ADDRESS (If rural give location) 311 STRATFORD RD. 1

3. NAME OF DECEASED: (Type or Print) (First) SUE (Middle) E. (Last) FEARSON

4. DATE OF DEATH: (Month) JAN. (Day) 5 (Year) 1955

5. SEX: F. 6. COLOR OR RACE: W. 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOW 8. DATE OF BIRTH: APR. 19, 1889 9. AGE last birthday 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H.W. 10B. KIND OF BUSINESS OR INDUSTRY: O.H.

11. BIRTHPLACE (State or foreign country): BALTO. MD. 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: WILLIAM SHEPPARD

14. MOTHER'S MAIDEN NAME: EMMA MILLS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: MR. JOHN O. FEARSON, 311 STRATFORD RD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: One hour

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Cardio Vascular Disease — ?

(C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1, 1954, to Jan 5, 1955, that I last saw the deceased alive on Jan 5, 1955, and that death occurred at 5 A M, from the causes and on the date stated above.

SIGNATURE Henry Heuseman M.D. ADDRESS 2687 Wrexham Ave DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL | DATE THEREOF JAN. 8/55 | NAME OF CEMETERY OR CREMATORY LOUDON PARK | LOCATION (City, town, or county) (State) BALTO. MD.

DATE REC'D BY LOCAL REGISTRAR 1/6/55 | REGISTRAR'S SIGNATURE A.W. Hedrich

24. FUNERAL DIRECTOR Harry A. Wright ADDRESS 4101 EDMONDSON AVE.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

00225

Reg. Dist. No. 00211 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 52 Catonsville
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 14 Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore V. 1-4
STREET ADDRESS (If rural give location) 3015 Arunah Avenue

3. NAME OF DECEASED: (Type or Print) (First) Dorothy (Middle) (Last) Pelbinger

4. DATE OF DEATH: (Month) (Day) (Year) January 14, 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH: 11-17-1889
9. AGE last birthday 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Seamstress
10B. KIND OF BUSINESS OR INDUSTRY: Classic Uniform
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Kircher
14. MOTHER'S MAIDEN NAME: Caroline D. Wetzel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 213-20-8288
17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X IMMEDIATE CAUSE (A) Acute cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSE (S) DUE TO (B) Cerebral arteriosclerosis — Yrs.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) Hypertensive cardiovascular disease — Yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-10-, 1955 to 1-14-, 1955, that I last saw the deceased alive on 1-14-, 1955, and that death occurred at 10:15 AM, from the causes and on the date stated above.
SIGNATURE Stella Wachter M.D. ADDRESS Spring Grove State Hospital Catonsville 28, Maryland DATE SIGNED 1-14-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF 1/19/55 NAME OF CEMETERY OR CREMATORY St. [illegible] LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REGISTRAR 1-17-55 REGISTRAR'S SIGNATURE [illegible] 24. FUNERAL DIRECTOR ADDRESS [illegible]

00226

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00219

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7734 South Cove Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Sparrows Point
STREET ADDRESS (If rural, give location) 7734 South Cove Road

3. NAME OF DECEASED: (Type or Print) (First) ANDREA (Middle) BETH (Last) FISHER

4. DATE OF DEATH (Month) January (Day) 10 (Year) 19 55.

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Feb 15 - 1954

9. AGE last birthday: ... yrs. IF UNDER 1 YEAR Months 11 Days ... IF UNDER 24 HRS. Hours ... Min. ...

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore City, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Walter Fisher

14. MOTHER'S MAIDEN NAME: Florence Lawson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No:

17. INFORMANT & ADDRESS: Parents Above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) XXXXX Bronchopneumonia bilateral acute

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO Otitis media acute bilateral

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE William V. Scott M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☒

DATE SIGNED Jan. 10, 1955

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Jan. 13-55

NAME OF CEMETERY OR CREMATORY St. Paul's Reformed Church

LOCATION (City, town, or county) (State) Cardiff Co. Balto Md

DATE REC'D BY LOCAL REG. 1-13-55

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Thos. E. Connelly

ADDRESS Essex

ik 22243 17417

MARYLAND 00227

00213

STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 33

Item 7, Film 177 2-11-55 e t

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown; LENGTH OF STAY (In this place) 1 year; HOSPITAL OR INSTITUTION OR STREET ADDRESS Oakland Road; MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown; STREET ADDRESS (If rural, give location) Oakland Road

3. NAME OF DECEASED (Type or Print): (First) Mark (Middle) Emory (Last) FISHER

4. DATE OF DEATH: (Month) January (Day) 28 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: Sept. 17, 1878

9. AGE last birthday: 76 yrs. If under 1 year: Months; Days. If under 24 hr: Hours; Min

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Joshua Fisher

14. MOTHER'S MAIDEN NAME: Mary E. Bamber

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Myrtle Ness 210 Patapsco Ave. Dundalk 22 Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma, stomach — Interval between onset and death: 1 year

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last: (b) (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 1955, to January 28, 1955, that I last saw the deceased alive on January 25, 1955 and that death occurred at 10:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Clarence E. McWilliams M.D. Reisterstown Maryland January 28 1955

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: Jan. 31, 1955

NAME OF CEMETERY OR CREMATORY: Poplar Grove

LOCATION (City, town, or county) (State): Baltimore County

DATE REC'D BY LOCAL REG. 1-29-55

REGISTRAR'S SIGNATURE: Mary B. Eline

24. FUNERAL DIRECTOR ADDRESS: J.F. Eline & Sons, Reisterstown, Md.

MARGIN RESERVED FOR BINDING

1955
BUREAU V. 3

00228 MARYLAND STATE DEPARTMENT OF HEALTH 00214

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

It. [illegible] 2176 1-c-b et

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville — LENGTH OF STAY (in this place) 2-4 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 W. Strieg Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY 3V-1-4
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
STREET ADDRESS (If rural, give location) [illegible]

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William	C.	Hunt	Jan	20	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE (last birthday)	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	Widower	3/10/1867	87 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	Ind	Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Herman C.	Susan F. Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	—	[illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
422.1 Immediate cause	(a) Arterio Sclerotic Cardio-Vascular Disease	5 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) - Chronic Infectious Arthritis	10 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	- Secondary Anemia	2 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Feb. 12, 1953, to Jan 20, 1955, that I last saw the deceased alive on Jan. 19, 1955, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Earl L. Chambers	M.D.	4108 Liberty Hts. Ave. Baltimore Md	1-21-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1-22-55	Friam [illegible]	Balto Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
January 22 1955	R.W.	Fred'k Brennan	6067 Halford Rd

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 60215

00229 Item 8, Film 177 2-21-55 et

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Rural: Towson
LENGTH OF STAY (in this place)
55
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eudowood Sanatorium Towson 4, Maryland
21

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 40 x Bretton Place 3701-4
STREET ADDRESS (If rural give location) Balto 18 Md.

3. NAME OF DECEASED: (Type or Print) (First) BESSIE (Middle) LEE (Last) GAYLORD
4. DATE OF DEATH: (Month) Jan (Day) 29 (Year) 1955

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Sept 5 1879 1880
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Teacher
10b. KIND OF BUSINESS OR INDUSTRY: School Teacher
11. BIRTHPLACE (State or foreign country): Detroit Michigan
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Gaylord
14. MOTHER'S MAIDEN NAME: Elizabeth Lee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 159-03-4668
17. INFORMANT & ADDRESS: deceased.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
002X
Immediate cause (a) Pulmonary Tuberculosis DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO
(c)
Interval Between Onset And Death: 2 yrs.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 27, 1955, to Jan 29, 1955, that I last saw the deceased alive on Jan 28, 1955, and that death occurred at 5.40 A.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Milton B. Kurs M.D. Eudowood Sanatorium - Towson 4, Maryland

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 1/31/55 NAME OF CEMETERY OR CREMATORY West Laurel Hill LOCATION (City, town, or county) (State) Phila Pa

DATE REC'D BY LOCAL REGISTRAR 1-29-55
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR William J. Tuckner Sons N. La Balto Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00216

00230

CERTIFICATE OF DEATH

Reg. Dist. No. 45

Item 12, Film 175 1-6-55 et

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
54 CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River Md.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ivy Hall Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
2201 E. Fayette St
STATE Balto. City COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore Md.
STREET ADDRESS (If rural give location) 19 Harrison Ave. Middle River Md.

3. NAME OF DECEASED: (Type or Print) (First) Marie (Middle) A.(Mary) (Last) Geyer

4. DATE OF DEATH: (Month) Jan. (Day) 1, (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: June 27, 18 70

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Month Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ---Ruhling

14. MOTHER'S MAIDEN NAME: Rosinia ---

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Mrs. Marie Bassford 6520 North Point Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

Immediate cause (a) Cerebral Apoplexy — 1 day

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arteriosclerotic Cardio Vascular Disease 5 yrs
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1, 1954, to Jan. 1, 1955, that I last saw the deceased alive on Jan. 1, 1955, and that death occurred at 6 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
J. M. Baumgardner MD Balto 6 1/3/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Jan. 4, 1955
NAME OF CEMETERY OR CREMATORY Oak Lawn Cem.
LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REGISTRAR 1-3-55
REGISTRAR'S SIGNATURE C. W. Hedrick
24. FUNERAL DIRECTOR Philip Hewig & Sons
ADDRESS 2024 Orleans St

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

31

MARYLAND 00231

00217
STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Owings Mills
LENGTH OF STAY (In this place) 55 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Reisterstown Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills X
STREET ADDRESS (If rural, give location) Reisterstown Road /

3. NAME OF DECEASED (Type or Print) (First) Nellye (Middle) May (Last) Gorsuch

4. DATE OF DEATH (Month) (Day) (Year) Jan. 27, 1955

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single

8. DATE OF BIRTH Dec. 10, 1867

9. AGE Last birthday 87 yrs. | If under 1 year: Months. Days. | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired school teacher

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryalnd

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Lewis L. Gorsuch

14. MOTHER'S MAIDEN NAME Elvira Barnes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

(If year, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Mrs. Claude Warner, Owings Mills, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
443 X Immediate cause	(a) Cerebral Hemorrhage	16 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Arteriosclerotic C-V. Disease	10 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION None.

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) None

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) None. (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) None m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? None.

22. I hereby certify that I attended the deceased from 12-27, 1939, to 1-27, 1955, that I last saw the deceased alive on 1-27, 1955, and that death occurred at 2 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
D. D. Eaples M.D. Reisterstown, Md. 1-28-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE Jan. 29, 1955
NAME OF CEMETERY OR CREMATORY Druid Ridge
LOCATION (City, town, or county) (State) Pikesville, Md.

DATE REC'D BY LOCAL REG. 1-29-55
REGISTRAR'S SIGNATURE Mary B. Eline.

24. FUNERAL DIRECTOR ADDRESS
J. F. Eline & Sons, Reisterstown, Md.

MARGIN RESERVED FOR BINDING

I

BUREAU V. S.

00232 MARYLAND STATE DEPARTMENT OF HEALTH 00218

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 45

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 13 Box 869 Balto. 21 Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X
STREET ADDRESS (If rural, give location) Route 13 Box 869 Box 21 Md

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Edgar	A	Goth.	1-	31	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	July 24-1909	46 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Poultryman		Balto. Md	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Gustave Goth	Martha Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Martha Goth Route 13 Box 869 Balto (21) Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause (a) Coronary Occlusion	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W B Sowers	MD Dep. Med. Exam.	Dundalk Md	2/1/55

23. BURIAL, CREMATION REMOVAL. (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb. 4-1955	Back Lawn Mem.	Balto. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-3-55	G M. Hedrick	John R. Mellin	2334 E. Fort Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00233

CERTIFICATE OF DEATH

00219

Reg. Dist. No. 4-V

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard, Maryland
LENGTH OF STAY (In this place) 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 11 S. Riverside Drive

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) J. (Last) GRAY

4. DATE OF DEATH: (Month) January (Day) 25 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: 8/2/94

9. AGE last birthday: 60 yrs | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Crane Operator

10B. KIND OF BUSINESS OR INDUSTRY: Stainless Steel Co.

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles J. Gray

14. MOTHER'S MAIDEN NAME: Bridget M. Kehoe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. 212-03-8352

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) ANEURYSM, LEFT VENTRICLE — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE (B) DUE TO INFARCT OF MYOCARDIUM

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO THROMBOSIS OF LEFT CIRCUMFLEX CORONARY ARTERY — UNKNOWN

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. RHEUMATOID ARTHRITIS — UNKNOWN

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan.12, 1955, to Jan.25, 1955, that I last saw the deceased alive on [illegible], 19[illegible], and that death occurred at 9:55 PM, from the causes and on the date stated above.

SIGNATURE: William S. VandeGrift, M.D. M.D.

ADDRESS: VAH, Fort Howard, Maryland

DATE SIGNED: 1-26-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 1/29/55

NAME OF CEMETERY OR CREMATORY: Moreland Memorial Cemetery

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 1-27-55

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Gordon J. Connelly Funeral Home

ADDRESS: 418 Eastern Ave., Essex (Baltimore 21) Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00234 **CERTIFICATE OF DEATH**

Reg. Dist. No. 00229 13

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills, Md. — LENGTH OF STAY (In this place) 53 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood State Training School, Owings Mills, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore, Maryland.

STREET ADDRESS (If rural, give location) 403 S. Sharp Street

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH: (Month) (Day) (Year)
Minnie — Guerth	1 11 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	White	single	1/12/34	70 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
---	---	Baltimore, Maryland.	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Guerth, Henry	Struth, Caroline

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no ---	-----	Rosewood Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Myocardial Insufficiency with arteriosclerosis	5 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) with ypertension (rupture of coronary vessels) Pneumonia (lobar) moderately severe	2 weeks
	DUE TO (c)	

490 X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 12/26, 1954, to 1/11/55 1955, that I last saw the deceased alive on 1/11, 1955, and that death occurred at 4:00 a.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE) ADDRESS	DATE SIGNED
Harry B. Butler MD	Physician	1/12/55

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan 14-55	Rosewood Cemetery	Owings Mills Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-14-55	Mary B Elline	J. F Elline Sons	Reisterstown Md.

JAN
BUREAU V. 1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00235

CERTIFICATE OF DEATH

Reg. Dist. No. 00224

Item 2, Film #176 1-25-55 et

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 52 Catonsville
LENGTH OF STAY (in this place) Since 6/15/48
HOSPITAL OR INSTITUTION OR STREET ADDRESS 14 Spring Grove Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — Baltimore
STREET ADDRESS (If rural give location) 6[illegible] Rockdale Rd. Ave 14

3. NAME OF DECEASED: (Type or Print) (First) NORA (Middle) — (Last) GWYNN

4. DATE OF DEATH: (Month) 1 (Day) 15 (Year) 1955

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widow | 8. DATE OF BIRTH: 1859 | 9. AGE last birthday 96 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: H. Williams Gwynn
14. MOTHER'S MAIDEN NAME: Summers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS. Hospital Records.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: 8 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arteriosclerotic cardiovascular disease & hypertrophy — unknown

DUE TO (C) Arteriosclerosis, generalized & cerebral — unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR? 1-6-55

22. I hereby certify that I attended the deceased from [illegible], [illegible] to 1-14, 1955, that I last saw the deceased alive on 1/14, 1955, and that death occurred at 3.30 P M, from the causes and on the date stated above.

SIGNATURE L. Elyn Williams M.D. ADDRESS Spring Grove State Hosp. DATE SIGNED 1-15-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 1/18/55
NAME OF CEMETERY OR CREMATORY J. Mays
LOCATION (City, town, or county) Piscataway (State) Md.

DATE REC'D BY LOCAL REGISTRAR 1-18-55 1/18/55
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Hewitt & Ryon ADDRESS Upper Marlboro, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00222

00236

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 56 TOWSON
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7A ARMACOST NURSING HOME

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY BALTIMORE
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FOWBACH LUTHERVILLE
STREET ADDRESS (If rural give location) YORK ROAD

3. NAME OF DECEASED. (Type or Print) (First) ADA (Middle) PARKS (Last) HARMAN

4. DATE OF DEATH: (Month) JAN. (Day) 19 (Year) 55

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): WIDOW

8. DATE OF BIRTH: SEPT. 8, 1872

9. AGE last birthday 82 yrs. IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours — Min. —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: CHARLES PARKS

14. MOTHER'S MAIDEN NAME: EUDOCLIA SHAMBURGER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) NONE

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: MRS. J. J. CASLIN, TEXAS, MD

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
491X IMMEDIATE CAUSE	(A)	Bronchopneumonia	3 days
ANTECEDENT CAUSE (S)	DUE TO	General arterio sclerosis	Unknown
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO	Chronic Hypertension	10 yrs
	(C)	Senility	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

2 I hereby certify that I attended the deceased from Oct 16, 1954 to Jan 29, 1955 that I last saw the deceased alive on Jan 28, 1955, and that death occurred at 9 A M, from the causes and on the date stated above.

SIGNATURE E. D. Ensor M. D. ADDRESS 7201 York Rd Balto. Co. Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

DATE THEREOF FEB. 1, 1955

NAME OF CEMETERY OR CREMATORY SATER'S BAPTIST CHURCH CEM.

LOCATION (City, town, or county) (State) LUTHERVILLE, MD.

DATE REC'D BY LOCAL REGISTRAR Feb. 1, 1955

REGISTRAR'S SIGNATURE Mabel C. Gray

24. FUNERAL DIRECTOR John Burns' Son, Towson, Md. ADDRESS

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

1

A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00237 **CERTIFICATE OF DEATH** Reg. Dist. No. 00223

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Fort Howard,
LENGTH OF STAY (in this place) 5 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Anne Arundel
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Parole
STREET ADDRESS (If rural give location) 1951 Drew Street

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) (NMI) (Last) HASTE

4. DATE OF DEATH: (Month) January (Day) 13 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: Jan 10/18/92

9. AGE last birthday 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor

10B. KIND OF BUSINESS OR INDUSTRY: St. John's College

11. BIRTHPLACE (State or foreign country): Annapolis, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Horace Haste

14. MOTHER'S MAIDEN NAME: Mary Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) WW-I Yes (If Yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm/Hospital,Ft. Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) [illegible]ROTIC[illegible] OF THE MYOCARDIUM — 30 HOURS

ANTECEDENT CAUSE (S) DUE TO ARTERIOSCLEROTIC HEART DISEASE — 10 YRS

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 8, 1955, to Jan. 13, 1955, and that death occurred at 2:30PM, from the causes and on the date stated above.

SIGNATURE Ceriaco E. Gonzalez — ADDRESS M. D. VAH, FORT HOWARD, MARYLAND — DATE SIGNED 1-13-55

CERIACO E. GONZALEZ

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 1-17-55 — NAME OF CEMETERY OR CREMATORY Annapolis National Cemetery — LOCATION (City, town, or county) (State) West St. Annapolis, Md.

DATE REC'D BY LOCAL REGISTRAR 1-17-55 — REGISTRAR'S SIGNATURE [signature] — 24. FUNERAL DIRECTOR William Reese Mortuary — ADDRESS 103 W. Washington St., Annapolis, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

00238

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

00224

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn L. Martin Plant #1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WOODLAWN
STREET ADDRESS (If rural, give location) 1813 ALTO VISTA AVE.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William	H.	Healey	Jan.	31	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M.	W.	MARRIED	APR. 20, 1895	59 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
TOOL ENGINEER	GLEN L. MARTIN	MD.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
CHARLES E. HEALEY	ELLA POPLAR

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	218-09-7292	MRS OLIVE HEALEY, 1813 ALTO VISTA AVE

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Coronary Occlusion	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	FEB. 3/55	LORRAINE PARK	WOODLAWN MD

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2-2-55		Harry H. Witzke	4101 EDMONDSON AVE

MARYLAND STATE DEPARTMENT OF HEALTH

00239 — 2411 N. Charles Street, Baltimore — 00225

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sunnyside — LENGTH OF STAY (in this place) 1 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ridgeway Manor

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City 3 Y 0 14
STREET ADDRESS (If rural, give location) 331 Yale Ave

3. NAME OF DECEASED (Type or Print): (First) Elwood Starr (Middle) Henderson (Last)
4. DATE OF DEATH: (Month) 1 (Day) 24 (Year) 1955
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 10-7-1877
9. AGE last birthday: 77 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Postal Post
10b. KIND OF BUSINESS OR INDUSTRY: Balt P.O.
11. BIRTHPLACE (State or foreign country): Harford Co - Md
12. CITIZEN OF WHAT COUNTRY: USA
13. FATHER'S NAME: Edward N. Henderson
14. MOTHER'S MAIDEN NAME: Eunice Patterson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs Florence Henderson Sister

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442 X

Immediate cause (a) Chronic Myocarditis — 6 mo.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cardio Vascular Renal Disease — 1 yr.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 54, to Jan 27, 1955, that I last saw the deceased alive on 1/23, 1955, and that death occurred at 7 40 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Alvin H Llewellyn M.D. 4709 Sinclair Ave 1/24/55

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE 1-26-55 | NAME OF CEMETERY OR CREMATORY Baltimore Cem | LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REG. 1-25-55 | REGISTRAR'S SIGNATURE A. H. Ethridge | 24. FUNERAL DIRECTOR Leonard J Luck | ADDRESS 5305 Harford

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00240

CERTIFICATE OF DEATH

00226

Reg. Dist. No. 38

Item 8, Film G177 2-8-55 at

1. PLACE OF DEATH: 3810 Lochearn Drive
COUNTY Baltimore Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Baltimore - Rural
LENGTH OF STAY (in this place) 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3810 Lochearn Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: Rural 3810 Lochearn Drive
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore (Rural)
STREET ADDRESS (If rural give location) 3810 Lochearn Drive, Baltimore (rural)

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) Everett (Last) Hinds

4. DATE OF DEATH: (Month) Jan. (Day) 31 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Strike out) Married

8. DATE OF BIRTH: Aug. 16, 1884

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A

13. FATHER'S NAME: William Moore Fadeley

14. MOTHER'S MAIDEN NAME: Mary Elizabeth Price

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Jessie Vancherie 707 Revolution St. Havre de Grace Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 420.1 (a) Heart Failure — Interval Between Onset And Death: 1 day

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Coronary Thrombosis — 2 months

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) N

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 19 54, to Jan 31, 19 55 that I last saw the deceased alive on Jan. 31 1955 and that death occurred at 8 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James A. Doukas, M.D. ADDRESS 101 E. Preston St. DATE SIGNED Feb. 2, 1955

23. BURIAL, CREMATION, REMOVAL (Specify) 2/4/55 DATE THEREOF 2/4/55 NAME OF CEMETERY OR CREMATORY Angel Hill Cemetery LOCATION (City, town, or county) Havre de Grace, Md. (State)

DATE REC'D BY LOCAL REGISTRAR 2-2-55 REGISTRAR'S SIGNATURE A W Hedrick

24. FUNERAL DIRECTOR Pennington and Son ADDRESS Havre de Grace, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

00241

Reg. Dist. No. 00227 54

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY: BALTO.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: DUNDALK

MARYLAND LENGTH OF STAY (in this place): 4 MONTHS

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 6738 WOODLEY ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md. COUNTY: BALTO.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: DUNDALK 22

STREET ADDRESS (If rural give location): 6738 WOODLEY ROAD

53 / 53 / 1

3. NAME OF DECEASED: (Type or Print) (First) MINNIE (Middle) STAHL (Last) HOEY

4. DATE OF DEATH: (Month) 1 (Day) 5 (Year) 1955

5. SEX: FEM.

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED

8. DATE OF BIRTH: June 16, 1877

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Month Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): GERMANY

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: VALENTINE STAHL

14. MOTHER'S MAIDEN NAME: ~~unk~~ Louisa K. Mayer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: J. ELLSWORTH HOEY - SAME ADDRESS

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac failure

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arterio - sclerotic cardio - vascular disease

DUE TO (c)

Interval Between Onset And Death: 5 mos ?

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1954, to Jan, 1955, that I last saw the deceased alive on Jan 5, 1955, and that death occurred at 5:45 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Robert E. Farber M.D. Sparrows Point-19 Md. 1-6-55

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL DATE THEREOF 1-8-55 NAME OF CEMETERY OR CREMATORY MORELAND MEM. PARK LOCATION (City, town, or county) BALTO. CO. (State) Md.

DATE REC'D BY LOCAL REGISTRAR January 7-55 REGISTRAR'S SIGNATURE Dawson L. Harber

25. FUNERAL DIRECTOR Martin Funeral Home ADDRESS Dundalk Md.

MARYLAND 00242

00228

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 31

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X RANDALLSTOWN | LENGTH OF STAY (in this place) 45 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS BURMONT AVE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY BALTI
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RANDALLSTOWN — X
STREET ADDRESS (If rural, give location) BURMONT AVE /

3. NAME OF DECEASED (Type or Print): (First) ELSIE (Middle) MINERVA (Last) HOLBROOK.

4. DATE OF DEATH: (Month) JAN (Day) 16 (Year) 19 55

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, DIVORCED, (Specify)

8. DATE OF BIRTH: AUG-10-1879

9. AGE last birthday: 76 yrs. | If under 1 year: Months — | Days 7 | If under 24 hr: Hours 2 | Min —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): CARROLL COUNTY MD

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ~~FRED~~ GEORGE SPENCER

14. MOTHER'S MAIDEN NAME: JANE ELIZABETH TAYLOR

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): NO

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: MRS JOHN PARSONUK — RANDALLSTOWN.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) ACUTE CONGESTIVE HEART FAILURE -	3 DAYS
Antecedent cause(s)	PULMONARY EDEMA -	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) HYPERTENSIVE C.V. DISEASE - C SEVERE	
	(c) ARTERIC SCLEROSIS - GENERALIZED -	10 YEARS

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JULY 1 ., 19 51, to JAN. 16., 19 55, that I last saw the deceased alive on JAN. 16., 19 55, and that death occurred at 6:45 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Thomas E. Wheeler MD | ADDRESS Randallstown Md | DATE SIGNED 1-16-55

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE Jan 19/55 | NAME OF CEMETERY OR CREMATORY Mt Olivet | LOCATION (City, town, or county) Balto Co (State) Md

DATE REC'D BY LOCAL REG. 1/16/55 | REGISTRAR'S SIGNATURE Wm. E. Martin | 24. FUNERAL DIRECTOR Edw C Stapleton, Hampstead Md | ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

00229

00243 **CERTIFICATE OF DEATH**

FOR MEDICAL EXAMINERS

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY: Baltimore; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore County; LENGTH OF STAY (In this place): X; HOSPITAL OR INSTITUTION OR STREET ADDRESS: 313 DeBoy Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Baltimore; CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Baltimore County; STREET ADDRESS (If rural, give location): 313 DeBoy Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
David	C	Hook	Jan	24	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
Male	White	Married	Dec 26, 1894	60 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Electrical	Auto Maintenance	Baltimore, Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
David Hook	Clara Keller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	212-05-2824	Mrs. Helen Hook 313 DeBoy Avenue

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Coronary thrombosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocarditis — 3 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ✓, Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[illegible] M.D.		[illegible]	1/25/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan 27, 1955	Parkwood	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-25-55	A. W. Feldmeier	Lilly & Zeiler Inc.	403 S. Wolfe St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00230

00244 . CERTIFICATE OF DEATH Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place) 55
HOSPITAL OR INSTITUTION OR STREET ADDRESS Codd Convalescent Home 90

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural give location) 20 Florida Road 55 1

3. NAME OF DECEASED: (Type or Print) (First) LILLIAN (Middle) MAY (Last) HOWARD

4. DATE OF DEATH: (Month) JAN. (Day) 27, (Year) 1955

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: DEC. 17, 1881

9. AGE Last birthday: 73 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS: Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ? HUBBARD

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) NONE

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: R.B. HOWARD 20 FLORIDA RD. TOWSON 4, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X
Immediate cause (a) Carcinomatosis — Interval Between Onset And Death: unknown

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Carcinoma of the Descending Colon — unknown
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: Nov. 1954

19b. MAJOR FINDINGS OF OPERATION Carcinoma of Colon (descending) c metastases.

20. AUTOPSY? Yes ☐ No X

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 54, to 1/24 ., 1955, that I last saw the deceased alive on 1/20, 1955, and that death occurred at 6 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Martin Sunwood M.D. ADDRESS 11 E. Chase St Baltimore Md DATE SIGNED 1/25/55

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL DATE THEREOF JAN. 28, 1955 NAME OF CEMETERY OR CREMATORY MORELAND MEMORIAL LOCATION (City, town, or county) (State) PARKVILLE, MD.

DATE REC'D BY LOCAL REGISTRAR Jan. 26, 1955 REGISTRAR'S SIGNATURE Mabel C. Gray

24. FUNERAL DIRECTOR John Burns' Sons, Towson, Md. ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00245 **CERTIFICATE OF DEATH** Reg. Dist. No. 00231

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X TOWN Fort Howard
LENGTH OF STAY (in this place) 4 Hours, 50min
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5c Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3
STREET ADDRESS (If rural give location) 3231 Elmley Ave.

3. NAME OF DECEASED: (Type or Print) (First) ARTHUR (Middle) (NMI) (Last) HUNTER

4. DATE OF DEATH: (Month) January (Day) 21 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Divorced

8. DATE OF BIRTH: December 28, 1902

9. AGE last birthday: 52 yrs

IF UNDER 1 YEAR: Months Days

IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plumbers Helper

10B. KIND OF BUSINESS OR INDUSTRY: Army Depot

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Mathew G. Hunter

14. MOTHER'S MAIDEN NAME: Mary MN: O'Connors

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-II

16. SOCIAL SECURITY NO. 216-03-3616

17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm.Hosp.,Fort Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

IMMEDIATE CAUSE (A) DUE TO: MYOCARDIAL INFARCTION — INTERVAL BETWEEN ONSET AND DEATH: 8 HOURS

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) VA M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

12:55 P.M. 5:45 P.M.

22. I hereby certify that I attended the deceased from Jan.21, 1955, to Jan. 21, 1955, and that death occurred at 5:45PM, from the causes and on the date stated above.

SIGNATURE John A. Surmonte M.D. ADDRESS VAH, Fort Howard, Maryland DATE SIGNED 1-22-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: Jan.25,1955

NAME OF CEMETERY OR CREMATORY: Baltimore National Cemetery

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 1-24-55

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR AND ADDRESS: Wm.Cook-Blight, Inc. Funeral Home 6009 Harford Road, Baltimore 14, Md.

MARYLAND 00246

STATE DEPARTMENT OF HEALTH

00232

CERTIFICATE OF DEATH

Reg. Dist. No. 33

Item 1c, Fil G177 2-8-55 ot

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville; MARYLAND; LENGTH OF STAY (in this place) 3 weeks; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania; COUNTY Dauphin; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Steelton 75 X-5; STREET ADDRESS (If rural, give location) 242 Myers St.

3. NAME OF DECEASED (Type or Print): (First) KATHERINE (Middle) (Last) HUSIC

4. DATE OF DEATH: (Month) January (Day) 26 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 1-15-1886

9. AGE last birthday: 69 yrs. If under 1 year: Months. If under 24 hr: Days, Hours, Min

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Yugoslavia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Matthew Brinc

14. MOTHER'S MAIDEN NAME: Pat Kucavn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: —

17. INFORMANT AND ADDRESS: Mr. Katherine Rondar, 1315 Front St, Steelton, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac Failure — 450.0

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis, generalized

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 9, 1955, to January 26, 1955, that I last saw the deceased alive on January 26, 1955, and that death occurred at 2:20 Pm from the causes and on the date stated above.

SIGNATURE Clarence E. McWilliams (Degree or title) M.D. ADDRESS Cockeysville, Maryland DATE SIGNED January 26, 1955

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE 1-29-55; NAME OF CEMETERY OR CREMATORY Holy Cross; LOCATION (City, town, or county) Harrisburg, Pa. (State)

DATE REC'D BY LOCAL REG. 2-7-55; REGISTRAR'S SIGNATURE A. Strickland

24. FUNERAL DIRECTOR: William J. Jackson & Son; ADDRESS North & Emma Sts

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00247 **CERTIFICATE OF DEATH** Reg. Dist. No. 00233

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place) 22 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove St. Hospital Catonsville 28, Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balt. Co.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 2831 Summit ave.

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) A (Last) Jager
4. DATE OF DEATH: (Month) 1 (Day) 20 (Year) 1955
5. SEX: Male
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) married
8. DATE OF BIRTH: 1-9-1886
9. AGE last birthday 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): tool-maker
10B. KIND OF BUSINESS OR INDUSTRY: Amer Hammer Pistol
11. BIRTHPLACE (State or foreign country): U.S.A.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Louis Jager
14. MOTHER'S MAIDEN NAME: Margaret Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unk. (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. unknown
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
451X IMMEDIATE CAUSE	(A) DUE TO	Heart failure	8 days
ANTECEDENT CAUSE (S)	(B) DUE TO	Influenza (=Grippe)	? days
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(C)	Hardening of arteries	Years
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/29, 1954, to 1/20, 1955, that I last saw the deceased alive on 1/19, 1955, and that death occurred at 6:45 P.M, from the causes and on the date stated above.
SIGNATURE Bruno Radauskas M. D. ADDRESS Spring Grove St. Hosp. DATE SIGNED 1/20/1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 1-22-55
NAME OF CEMETERY OR CREMATORY Maryland Memorial Park
LOCATION (City, town, or county), (State) Balto Md.
DATE REC'D BY LOCAL REGISTRAR 1-21-55
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Leonard J Ruck ADDRESS 530 Harford

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND 00248

STATE DEPARTMENT OF HEALTH 00234

CERTIFICATE OF DEATH

Reg. Dist. No. 31

Item 6 Filed 1-14-55 ot

1. PLACE OF DEATH: COUNTY BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RANDALLSTOWN — LENGTH OF STAY (in this place) 5 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS CHAPMAN RD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RANDALLSTOWN — X
STREET ADDRESS (If rural, give location) CHAPMAN ROAD

3. NAME OF DECEASED (Type or Print): (First) CALEB (Middle) HENRY (Last) JOHNSON

4. DATE OF DEATH: (Month) JAN (Day) 13 (Year) 55

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: MAR-31-1878

9. AGE last birthday: 87 yrs. If under 1 year: Months — Days — If under 24 hr: Hours — Min —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): QUARRY-WORKER

10b. KIND OF BUSINESS OR INDUSTRY: STONE QUARRY

11. BIRTHPLACE (State or foreign country): WOODSTOCK - MD

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: URIAS JOHNSON

14. MOTHER'S MAIDEN NAME: MARTHA FLINCHEM —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: MRS GREEN WART - RANDALLSTOWN

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) CORONARY OCCLUSION —

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) HYPERTENSIVE C.V. DISEASE —

(c) CONGESTIVE HEART FAILURE

INTERVAL BETWEEN ONSET AND DEATH: 1 HOUR — / 10 YRS —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) X

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) X m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JUNE ..., 19 54, to JAN-13, 19 55, that I last saw the deceased alive on JAN-13, 19 55, and that death occurred at 11:15 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Thomas E. Wheeler MD Randallstown - Md - 1-13-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE 1-15-55

NAME OF CEMETERY OR CREMATORY St Thomas

LOCATION (City, town, or county) (State) Owings Mills - Balto. Md

DATE REC'D BY LOCAL REG. Jan. 14, 1955

REGISTRAR'S SIGNATURE Wm. E. Martin

24. FUNERAL DIRECTOR ADDRESS

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00235

00249 **CERTIFICATE OF DEATH** Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 3 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 1232 E. Preston St.

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) F. (Last) JOHNSON

4. DATE OF DEATH: (Month) January (Day) 29, (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH: 4/8/20

9. AGE last birthday: 34 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pearson, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Oscar Johnson

14. MOTHER'S MAIDEN NAME: Sarah Gordon

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-II

16. SOCIAL SECURITY NO 215 14 7345

17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

490X
IMMEDIATE CAUSE (A) PULMONARY HEMORRHAGE — 12 HOURS
ANTECEDENT CAUSE (S) DUE TO ACUTE PNEUMONIA (STAPHYLOCOCCUS AUREUS)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. SEPTICEMIA (STAPHYLOCOCCUS AUREUS) — UNKNOWN

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) VA M. 21E. INJURY OCCURRED While at work [ ] Not while at work [ ] 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan.26, 19 55 to Jan 29, 19 55 and that death occurred at 10:30PM, from the causes and on the date stated above.

SIGNATURE William B. Vandegrift, M.D. ADDRESS M. D. VAH, Fort Howard, Maryland DATE SIGNED 2-1-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 2 — NAME OF CEMETERY OR CREMATORY Baltimore National Cem. — LOCATION (City, town, or county) Baltimore, Md. (State)

DATE REC'D BY LOCAL REGISTRAR — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS Arlington S. Phillips Funeral Home 1808 N. Monroe Street, Baltimore 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00236

00250

CERTIFICATE OF DEATH

Reg. Dist. No. ...

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X
LENGTH OF STAY (in this place)
90 HOSPITAL OR INSTITUTION OR STREET ADDRESS Armacost Nursing Home 812 Regester Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Balto.
STREET ADDRESS (If rural give location) 2802 Roslyn Ave.

3. NAME OF DECEASED: (First) LENA (Middle) K. (Last) JONES
4. DATE OF DEATH: (Month) Jan. (Day) 8 (Year) 1955
5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Feb. 10, 1869
9. AGE last birthday: 85 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife Rtd
10B. KIND OF BUSINESS OR INDUSTRY: --
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Kempel
14. MOTHER'S MAIDEN NAME: Wilhelmina -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: no
17. INFORMANT & ADDRESS: Mrs. J. R. Davis-6629 Charlesway, Towson 4, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Cardiac failure

ANTECEDENT CAUSE (S) DUE TO (B) Arteriosclerotic C.V. disease

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/15, 1954, to 1/8, 1955 that I last saw the deceased alive on 1/3, 1955, and that death occurred at 11 P M, from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 1/11/55
NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.
LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REGISTRAR: 1-10-55
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR: Wm. J. Palmer & Sons
ADDRESS: Balto Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00237

00251 **CERTIFICATE OF DEATH** Reg. Dist. No. 37

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X COCKEYSVILLE
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10 OFFUTT NURSING HOME

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TIMONIUM X
STREET ADDRESS (If rural give location) 211 PADONIA ROAD

3. NAME OF DECEASED: (Type or Print) (First) SARAH (Middle) E (Last) JONES

4. DATE OF DEATH: (Month) JAN. (Day) 27, (Year) 1955

5. SEX: FEMALE | 6. COLOR OR RACE: WHITE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) WIDOW | 8. DATE OF BIRTH: AUG. 9, 1870 | 9. AGE last birthday 84 yrs. | IF UNDER 1 YEAR: Months — Days — | IF UNDER 24 HRS.: Hours — Min. —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10B KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: WILLIAM MEDARY

14. MOTHER'S MAIDEN NAME: ROSEANNA JANE SMITH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) NONE

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: FAMILY RECORDS

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 422.1

(A) Cardiovascular disease. — INTERVAL BETWEEN ONSET AND DEATH .2 yrs

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST

DUE TO (B) C.P.C. Lungs Heart & Kidneys. — 2 weeks.

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?

21D TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

2 I hereby certify that I attended the deceased from June 10, 1954, to Jan 27, 1955; that I last saw the deceased alive on Jan 27, 1955, and that death occurred at 10 A.M, from the causes and on the date stated above.

SIGNATURE Dr E Untoom ADDRESS M.D. 1202 St Paul St DATE SIGNED Jan 28/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL | DATE THEREOF JAN. 29, 1955 | NAME OF CEMETERY OR CREMATORY ST. JOHN'S CEMETERY | LOCATION (City, town, or county) (State) KINGSVILLE, BALTO. CO., MD.

DATE REC'D BY LOCAL REGISTRAR 1 February 1955 | REGISTRAR'S SIGNATURE Anne Armistead MacRae

24. FUNERAL DIRECTOR Hohm Funeral Home, Towson, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00238

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. NAME OF DECEASED (Type or Print): Mary S. Kaufman
2. DATE OF DEATH: JAN 17 55

3. PLACE OF DEATH:
A. Baltimore City, Maryland — Baltimore Co.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1728 Hall Ave.
C. Length of stay in Baltimore: Yrs. / Mos. / Days

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 1728 Hall Ave.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 3 1869
9. AGE (In years last birthday): 85
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert Herbert
14. MOTHER'S MAIDEN NAME: Sarah Maynard

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs. John W. Wickey — ADDRESS: Same

MIL CERTIFICATION

18. 443X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive A.S.C.V.D.
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II
19A. DATE OF OPERATION
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED
20. AUTOPSY? YES ☐ NO ☐

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY — m.
21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from 1/17 19 55 to 1/17 19 55, that (I) (we) last saw the deceased alive on 1/12 19 55, and that death occurred at 2:45 P. m., from the causes and on the date stated above.

23A. SIGNATURE: John C. Weeks M.D.
ATTENDING PHYS. ☐ MED. DIRECTOR ☐ STAFF PHYS. ☐
23B. ADDRESS: Lansdowne, Md.
23C. DATE SIGNED: 1/18/55

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: Jan. 19 55
24C. NAME OF CEMETERY OR CREMATORY: Loudon Park
24D. LOCATION (City, town, or county) (State): Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 19 1955
REGISTRAR'S SIGNATURE: Geo. L. MacHeffer
25. FUNERAL DIRECTOR: H. B. Wilbert
ADDRESS: 300 Eutaw Rd

The
PLEASE TYPE, OR WITH PERMANENT BLACK OR BLUE-BLACK INK—DO NOT USE A BALL-POINT PEN.
Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.
THIS CERTIFICATE MUST BE FILED WITH THE BUREAU OF VITAL RECORDS WITHIN THREE (3) DAYS AFTER DEATH
THIS IS A PERMANENT RECORD.

RECEIVED
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

00239

2411 N. Charles Street, Baltimore

00252

CERTIFICATE OF DEATH

Reg. Dist. No. 40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baldwin Md. | LENGTH OF STAY (in this place) 36
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baldwin Md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) James (Middle) L. (Last) Keefer
4. DATE OF DEATH: (Month) Jan (Day) 1 (Year) 19 55

5. SEX M | 6. COLOR OR RACE W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH June 18-1881 | 9. AGE last birthday 74 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | 10b. KIND OF BUSINESS OR INDUSTRY Laborer | 11. BIRTHPLACE (State or foreign country) Balto Co. Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Simon Keefer | 14. MOTHER'S MAIDEN NAME Mary C. Burnett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. none | 17. INFORMANT AND ADDRESS 5 Cragmere Rd Halberme Md James R. Keefer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis (Multiple) — Interval Between Onset and Death: 48 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Hypertensive Cardiovascular Disease
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1950, to 1 Jan, 1955, that I last saw the deceased alive on 1 Jan, 1955, and that death occurred at 11 P. m., from the causes and on the date stated above.

SIGNATURE: Clifford F. Hudson (Degree or title) M.D. ADDRESS Fork, Md. DATE SIGNED 1/4/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Jan 5-1955 | NAME OF CEMETERY OR CREMATORY Fork M. Cemy | LOCATION (City, town, or county) Fork Md. (State)

DATE REC'D BY LOCAL REG. Jan 4-1955 | REGISTRAR'S SIGNATURE C. E. Arthur D. F.

24. FUNERAL DIRECTOR C. E. Arthur | ADDRESS Fork Md.

RECEIVED
JAN 13 1
BUREAU V. S.

00164

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00240 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 41

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
LENGTH OF STAY (in this place) 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS New Battle Grove

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Balto.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Dundalk rr Md
STREET ADDRESS 7637 South Bend Rd (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Henry (Middle) Alfred (Last) Keitz

4. DATE OF DEATH (Month) Jan (Day) 31 (Year) 1955

5. SEX: Male **6. COLOR OR RACE:** White **7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):** Married **8. DATE OF BIRTH:** June 18 1891 **9. AGE last birthday:** 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Yard Master **10b. KIND OF BUSINESS OR INDUSTRY:** R. R. Belt R.R. Co. **11. BIRTHPLACE** (State or foreign country): Hamburg, Germany **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13. FATHER'S NAME: Wilhelm Keitz **14. MOTHER'S MAIDEN NAME:** Bertha

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 705-10-9635
17. INFORMANT & ADDRESS: William Keitz (Son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)

Immediate cause (a) 420.1 Coronary Occlusion. 10 m

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c) DUE TO

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: **19b. MAJOR FINDING OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. **21b. PLACE** (Home, farm, factory, OF street, office bldg., etc., INJURY **21c.** (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec Jan 31 1955 3:10 P.M. **21e. INJURY OCCURRED** While at work ☐ Not while at work ☒ **21f. HOW DID INJURY OCCUR?**

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE B M Clarmine M.D. M. D. ~~CHIEF MEDICAL EXAMINER~~ DEPUTY MEDICAL EXAMINER ~~ASSISTANT MEDICAL EXAM.~~ DATE SIGNED ☐

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL **DATE THEREOF** Feb 3, 1955 **NAME OF CEMETERY OR CREMATORY** BELAIR MEM. **LOCATION** (City, town, or county) (State) BELAIR, MD

DATE REC'D BY LOCAL REG. Feb 1 1955 **REGISTRAR'S SIGNATURE** William M. Keitz **24. FUNERAL DIRECTOR** Wells Burke Busby, Dundalk, Md. **ADDRESS**

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00241

CERTIFICATE OF DEATH

00253

Reg. Dist. No. 45

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Seneca Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Box 519 Route 14

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seneca Park, Middle River
STREET ADDRESS (If rural, give location) Box 519 Route #14

3. NAME OF DECEASED: (Type or Print) (First) Catherine (Middle) (Last) Kelley

4. DATE OF DEATH: (Month) Jan. (Day) 22 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Aug. 20 1886

9. AGE last birthday: 68 yrs.
IF UNDER 1 YEAR: Months 5 Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Wales

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Richard Torchaine

14. MOTHER'S MAIDEN NAME: Mary Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mary Bracken (Daughter) Above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
443X
Immediate cause (a) DUE TO Hypertensive, Cardio-vascular disease
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO
(c)
INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Any Coil degeneration liver

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec., 19 54, to Jan. 22, 1955, that I last saw the deceased alive on Jan. 22, 1955, and that death occurred at 3:00 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Jos. P. Rodgers, M.D. 815 Eastern Ave 1-22-55

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Jan. 26-55
NAME OF CEMETERY OR CREMATORY Mt. Hope
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. 1/23/55
REGISTRAR'S SIGNATURE Cecil Hurley
24. FUNERAL DIRECTOR ADDRESS Jos. J. Connolly Essex

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

Wife - Rogers 815 Eastern Ave.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00242

00254

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 52 Catonsville
LENGTH OF STAY (in this place) 6 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 14 Spring Grove St. Hop.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace 12-24-2
STREET ADDRESS (If rural give location) 511 Congress Avenue

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) Given (Last) Kennedy

4. DATE OF DEATH: (Month) 1 (Day) 28 (Year) 1955

5. SEX: f | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W. | 8. DATE OF BIRTH: 8. 4. 1867 | 9. AGE last birthday 87 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 Hrs.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife | 10B. KIND OF BUSINESS OR INDUSTRY: Home | 11. BIRTHPLACE (State or foreign country): Ireland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown | 14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. Unknown | 17. INFORMANT & ADDRESS: Hospital record.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X IMMEDIATE CAUSE (A) Acute cardiac failure — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSE (B) DUE TO (B) Hypertensive Cardiovascular renal — unknown

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) generalized severe arteriosclerosis — unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 17 1954 to Jan. 28 1955, that I last saw the deceased alive on Jan 17 1955, and that death occurred at 5 30 M, from the causes and on the date stated above.

SIGNATURE Gertrude J. Fleischmann M.D. | ADDRESS Spring Grove. | DATE SIGNED 1.28.55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Jan. 31 1955 | NAME OF CEMETERY OR CREMATORY Woodlawn Cem. | LOCATION (City, town, or county) (State) Bronx N.Y. N.Y.

DATE REC'D BY LOCAL REGISTRAR 1-28-55 | REGISTRAR'S SIGNATURE V E Harry | 24. FUNERAL DIRECTOR R. Madison Mitchell | ADDRESS Havre de Grace, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00243

00255 # CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Fort Howard
LENGTH OF STAY (in this place) 5 Days
50 HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Halethorpe, 51
STREET ADDRESS (If rural give location) 1709 Park Avenue

3. NAME OF DECEASED: (First) BRADY (Middle) (NMI) (Last) KERNS
4. DATE OF DEATH: (Month) January (Day) 21 (Year) 1955
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: July 14, 1894
9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Iron Worker
10B. KIND OF BUSINESS OR INDUSTRY: Ship Yards
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.A.

13. FATHER'S NAME: John Kerns
14. MOTHER'S MAIDEN NAME: Laura MN: Peed
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-I
16. SOCIAL SECURITY NO. 218-18-1124
17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm.Hosp.Fort Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4-420.1
IMMEDIATE CAUSE (A) INFARCTION LEFT VENTRICLE — INTERVAL BETWEEN ONSET AND DEATH: 7 DAYS
ANTECEDENT CAUSE (S) DUE TO ARTERIOSCLEROSIS CORONARY ARTERIES UNKNOWN
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES X NO

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY occur?

VA

22. I hereby certify that I attended the deceased from Jan. 16, 1955, to Jan. 21, 1955, and that death occurred at 2:35 AM, from the causes and on the date stated above.

SIGNATURE: William B. VandeGrift, M. D. ADDRESS: M. D. VAH, Fort Howard, Maryland DATE SIGNED: 1-21-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial DATE THEREOF: Jan 24 55 NAME OF CEMETERY OR CREMATORY: Baltimore National Cem. LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: Jan 22 53 REGISTRAR'S SIGNATURE: Lavon O. Parker

24. FUNERAL DIRECTOR: Gertrude Kenny Funeral Home ADDRESS: 5646 Carville Avenue, Halethorpe, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00256 **CERTIFICATE OF DEATH** Reg. Dist. No. 062444

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Fort Howard
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 16 Hillside Road

3. NAME OF DECEASED: (Type or Print) (First) LOUIS (Middle) A. (Last) KESSLER

4. DATE OF DEATH: (Month) January (Day) 21 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 3/9/1900

9. AGE last birthday: 54 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager

10B. KIND OF BUSINESS OR INDUSTRY: A & P Grocery Store

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles A. Kessler

14. MOTHER'S MAIDEN NAME: Marie Brandt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet. Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) PULMONARY EMBOLUS — INTERVAL BETWEEN ONSET AND DEATH: 15 minutes

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) PHLEBOTHROMBOSIS LEFT FEMORAL VEIN DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. HYPERTENSIVE CARDIOVASCULAR DISEASE WITH LEFT HEMIPLEGIA

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 18, 1955, to Jan 21, 1955, and that death occurred at 2:55 P M, from the causes and on the date stated above.

SIGNATURE David C. Bennighof M.D. ADDRESS VAH, FORT HOWARD, MARYLAND DATE SIGNED 1/21/55

DAVID C. BENNIGHOF

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL — DATE THEREOF 1/24/55 — NAME OF CEMETERY OR CREMATORY Baltimore National — LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR Jan. 26 55 — REGISTRAR'S SIGNATURE Dawson L. Barber

24. FUNERAL DIRECTOR ADDRESS MacNabb & Son Funeral Home Frederick & Wade Avenues Baltimore 28, Maryland

RECEIVED
JAN 28 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00245

00257 CERTIFICATE OF DEATH Reg. Dist. No. 30

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY BALTO. CO. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 52 CATONSVILLE
LENGTH OF STAY (in this place) 62 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 213 KENWOOD AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY BALTO.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CATONSVILLE X 1
STREET ADDRESS (If rural give location) 213 KENWOOD AVE.

3. NAME OF DECEASED: (Type or Print) (First) LAURA (Middle) BELL (Last) KIMMELSHUE

4. DATE OF DEATH: (Month) 1/15/55 (Day) (Year) 19

5. SEX: 2

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widow

8. DATE OF BIRTH: OCT. 2. 1892

9. AGE last birthday 62 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic

10B. KIND OF BUSINESS OR INDUSTRY: at Home

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: CHARLES S. SCHWARTZ

14. MOTHER'S MAIDEN NAME: MARGARET RAVER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Alice Kreba (same)

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 X

IMMEDIATE CAUSE (A) CEREBRAL HEMORRHAGE (STROKE) — INTERVAL BETWEEN ONSET AND DEATH: 9 weeks

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) CEREBRAL ARTERIOSCLEROSIS. DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 0

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION 0

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY 0

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) 0

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 0

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 13, 19 54 to Jan, 16, 19 55 that I last saw the deceased alive on Jan, 13, 19 55, and that death occurred at M, from the causes and on the date stated above.

SIGNATURE J. Lloyd Johnson ADDRESS M. D. CATONSVILLE MD. DATE SIGNED JAN, 17, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 1/18/55 — NAME OF CEMETERY OR CREMATORY Salem Lutheran — LOCATION (City, town, or county) (State) Catonsville

DATE REC'D BY LOCAL REGISTRAR 1-17-55 — REGISTRAR'S SIGNATURE V. E. Harry

24. FUNERAL DIRECTOR MacNabb & Son ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00246

00258

CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH.

COUNTY Balto. MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS 603 Hillen Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Balto.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson

STREET ADDRESS (If rural give location) 603 Hillen Rd.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
NORRIS	C.	KING	Jan.	26	19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married	Nov. 23, 1895	59 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10B. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
salesman	Chairs	Maryland	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
David King	Annie Arington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
yes	World War I		Mrs. Marie S. King, 603 Hillen Rd. Towson

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary Thrombosis

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Arteriosclerosis DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from June 6, 1950, to Jan 26, 1955, that I last saw the deceased alive on Jan 26, 1955, and that death occurred at 4:30 A M, from the causes and on the date stated above.

SIGNATURE Laurence C. Post M.D. ADDRESS M. D. 6805 York Rd. DATE SIGNED 1/27/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/29/55	Druid Ridge Cem.	Pikesville, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/27/55	[illegible]	Wm. J. Dickey & Sons	Reisterstown Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00247

00259 , CERTIFICATE OF DEATH Reg. Dist. No. 4X

1. PLACE OF DEATH.
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Fort Howard
LENGTH OF STAY (in this place) 9 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 60 Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore X
STREET ADDRESS (If rural give location) 3034 Woodside Avenue

3. NAME OF DECEASED: (Type or Print) (First) ADAM (Middle) (NMI) (Last) KOWALSKI

4. DATE OF DEATH. (Month) January (Day) 23, (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Divorced

8. DATE OF BIRTH: 5/28/99

9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR, Months Days IF UNDER 24 HRS., Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bar Tender

10B. KIND OF BUSINESS OR INDUSTRY: Tavern

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Michael Kowalski

14. MOTHER'S MAIDEN NAME: Josephine Lechert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO. 433 - 42 -0616

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.,Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) CARCINOMA OF RIGHT LUNG — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: / 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) VA M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 14, , 19 55 to Jan. 23, , 1955, and that death occurred at 10:18 A M, from the causes and on the date stated above.

SIGNATURE William B. Vandegrift ADDRESS DATE SIGNED

WILLIAM B. VANDEGRIFT, M.D. M. D. VAH, Fort Howard, Maryland 1/24/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Jan. 27, 1955 — NAME OF CEMETERY OR CREMATORY Holy Rosary Cemetery — LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR 1/26/55 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR ADDRESS: Wm. Cook-Blight Funeral Home 6009 Harford Rd. Balto., Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

00248

STATE DEPARTMETT OF HEALTH

MARYLAND 00260

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills
MARYLAND
LENGTH OF STAY (in this place) 7 mos 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood State Training School

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 21-0-2-2
STREET ADDRESS (If rural, give location) 1135 Potomac Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Joanne	Meridith	Kramer	Jan.	12	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
F	W	Single	4-16-54	yrs.	8	27		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Hagerstown, Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Fred Kramer
14. MOTHER'S MAIDEN NAME Rene Seigel
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.
(If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

752x Immediate cause (a) Cardiac Failure — 2 hrs

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Hydrocephalus & spastic diplegia — congenital

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Anophthalmia — congenital

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 9, 19 54, to Jan 12, 19 55, that I last saw the deceased alive on Jan 12, 19 55, and that death occurred at 3:00 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Vida B. Johns M.D Rosewood State Tr. School 1-13-55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	1-14-55	Mt. Carmel	Dalto	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
		Jack Leuschke	2100 Eutaw Pl

2044232385

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00249

00261 **CERTIFICATE OF DEATH** Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
03 COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Essex
54 LENGTH OF STAY (in this place) 15 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 11 Plateau Rd.
50

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex 54-
STREET ADDRESS (If rural, give location) 11 Plateau Rd.

8. NAME OF DECEASED: (Type or Print) (First) RICHARD (Middle) L. (Last) KRAMER

4. DATE OF DEATH: (Month) 1 (Day) 2 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 23, 1906

9. AGE last birthday: 48 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Air Craft Mechanic

10b. KIND OF BUSINESS OR INDUSTRY: Glen-Martin Co.

11. BIRTHPLACE (State or foreign country): Pa.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Geo. Kramer

14. MOTHER'S MAIDEN NAME: Gertrude Freshyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Eva Kramer (Wife) Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: Sudden

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Arteriosclerotic Cerebro Vascular disease — 5 yrs

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1950, to Jan 2, 1955, that I last saw the deceased alive on Jan 2, 1955, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Burbank gardner M.D. Balto 6 Md. 1/4/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 1-5-1955 — NAME OF CEMETERY OR CREMATORY Woodland's Park — LOCATION (City, town, or county) Balto. (State) Md.

DATE REC'D BY LOCAL REG. 1-5-55 — REGISTRAR'S SIGNATURE G. W. Hedrick — 24. FUNERAL DIRECTOR ADDRESS John D. Connelly Essex, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00262 **CERTIFICATE OF DEATH** Reg. Dist. No. 00250

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baeto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pinehurst
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6308 Mossway

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pine hurst
STREET ADDRESS (If rural give location) 6308 Mossway

3. NAME OF DECEASED: (Type or Print) (First) Catherine (Middle) L (Last) Krieker

4. DATE OF DEATH: (Month) Jan (Day) 7 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Mar 22 1873

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baeb. Md

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Jorge Adams

14. MOTHER'S MAIDEN NAME: Caroline Pfiel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: Mrs. Richard T Lynch 802 St George Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset And Death
Immediate cause	(a) Arterio sclerotic cardio vascular disease	5 yrs.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Generalized arterio sclerosis	5 yrs.
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-1-54, 19 , to 1-7-55 , 19 , that I last saw the deceased alive on 1-7-55, 19 , and that death occurred at 8:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

V. A. Lynch M.D. Physician 11 East Chase St. 1-10-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Jan 11 1955 NAME OF CEMETERY OR CREMATORY New Cathedral LOCATION (City, town, or county) (State) Baeto. Md

DATE REC'D BY LOCAL REGISTRAR 1-10-55 REGISTRAR'S SIGNATURE H. C. Learn

24. FUNERAL DIRECTOR H H Jenkins & Sons Co ADDRESS 4905 York Rd

Duce

VS. A15

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00176 00251

CERTIFICATE OF DEATH

Reg. Dist. No. ... ...

1. PLACE OF DEATH.
COUNTY Balto. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Arbutus
LENGTH OF STAY (in this place) 57
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4409 Leeds Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Arbutus 51
STREET ADDRESS (If rural give location) 4409 Leeds Ave.

3. NAME OF DECEASED: (Type or Print) (First) CORA (Middle) C. (Last) KRIMM

4. DATE OF DEATH: (Month) Jan. (Day) 28 (Year) 19 55

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: July 5, 1877

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months ... Days ... IF UNDER 24 HRS.: Hours ... Min. ...

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): never worked

10B. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): Penna.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Isaac Brenieser

14. MOTHER'S MAIDEN NAME: Sally Hower

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. no

17. INFORMANT & ADDRESS: Miss Sarah E. Krimm-4409 Leeds Ave. Arbutus

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

181X

IMMEDIATE CAUSE (A) Carcinoma Bladder — INTERVAL BETWEEN ONSET AND DEATH: July 1954

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) General abdominal

DUE TO (C) carcinoma ✓

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Malignant Cachexia ✓

19A. DATE OF OPERATION: July 15-1954

19B. MAJOR FINDINGS OF OPERATION: Carcinoma Bladder

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) ✓

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY ✓

21C. WHERE DID INJURY OCCUR? (City or town) ✓ (County) ✓ (State) ✓

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. ✓

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from July 7, 1954, to Jan 28, 1955, that I last saw the deceased alive on Jan 27, 1955, and that death occurred at 7:30 A.M., from the causes and on the date stated above.

SIGNATURE John A Lundeen M.D. ADDRESS 4782 Edmondson Ave, Balto, 29 DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 1/31/55

NAME OF CEMETERY OR CREMATORY: Rose Hill Cem.

LOCATION (City, town, or county) (State): Cumberland, Md.

DATE RECEIVED BY LOCAL REGISTRAR: JAN 30 1955

REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

24. FUNERAL DIRECTOR: Wm. J. Tichnell & Sons

ADDRESS: Balto, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00252

00263

CERTIFICATE OF DEATH

Reg. Dist. No. 40

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR X TOWN Fort Howard
LENGTH OF STAY (in this place) 6 Hrs. 5 Min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 114 Potomac Street, #24

3. NAME OF DECEASED (Type or Print): (First) MILTON (Middle) R. (Last) KUEHNE

4. DATE OF DEATH: (Month) January (Day) 22 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single

8. DATE OF BIRTH: March 5, 1898

9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Coppersmith

10B. KIND OF BUSINESS OR INDUSTRY: Hubbert & Son

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Robert Kuehne

14. MOTHER'S MAIDEN NAME: Mary MN: Haas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO. 215 - 05-0184

17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm.Hospital,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) PULMONARY INFARCTION — INTERVAL BETWEEN ONSET AND DEATH: 1 DAY

ANTECEDENT CAUSE (B) DUE TO ARTERIOSCLEROTIC HEART DISEASE — UNKNOWN

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

VA 7:15 P.M. 1:20 A.M.

22. I hereby certify that I attended the deceased from Jan.21, 1955, to Jan.22, 1955, and that death occurred at 1:20AM, from the causes and on the date stated above.

SIGNATURE John A. Sutmonte, M.D. ADDRESS M. D. VAH, Fort Howard, Maryland DATE SIGNED 1-22-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: Jan.25,1955 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 1-24-55 — REGISTRAR'S SIGNATURE: Aw. Hedrick

24. FUNERAL DIRECTOR ADDRESS: Wm.Cook-Blight Inc.Funeral Home, 6009 Harford Road,Baltimore 14, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00253 30

CERTIFICATE OF DEATH

00264 Reg. Dist. No.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1 PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 52 Catonsville
LENGTH OF STAY (in this place) 3yr.1mo.23day
HOSPITAL OR INSTITUTION OR STREET ADDRESS 14 Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore.
STREET ADDRESS (If rural give location) 5623 Albambra Avenue

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) E. (Last) Kuper
4. DATE OF DEATH: (Month) January (Day) 12, (Year) 1955
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed
8. DATE OF BIRTH: Oct. 1, 1872
9. AGE last birthday 82 yrs
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.
10A USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10B KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: ? Simms
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 13 Hours

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION. 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-20-, 19 51 to 1-12-, 1955, that I last saw the deceased alive on 1-12-, 1955., and that death occurred at 6:30am M, from the causes and on the date stated above.

SIGNATURE M.D. Gertrude J. Heinemann
ADDRESS Spring Grove State Hospital Catonsville 28, Maryland
DATE SIGNED 1-12-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Jan. 15, 1955
NAME OF CEMETERY OR CREMATORY Holy Redeemer
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR 1-13-55
REGISTRAR'S SIGNATURE A.D. Redmond Deputy
24. FUNERAL DIRECTOR ADDRESS Ullrich Funeral Home 4210 Belair Road.

00265 **MARYLAND STATE DEPARTMENT OF HEALTH** 00254

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4-D

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bradshaw; LENGTH OF STAY (in this place) 1 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bradshaw; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Michael (Middle) J. (Last) Langrehr

4. DATE OF DEATH: (Month) Jan (Day) 3 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct. 27, 1891

9. AGE last birthday: 63 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Ship Builder

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Langrehr

14. MOTHER'S MAIDEN NAME: Theresia Lindner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): yes WWI

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Harold H. Langrehr, Bradshaw Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Infaretion — Interval Between Onset and Death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Sclerosis — 14 yr.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Poly arthritis — 35 yrs.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/7, 1954, to 1/3, 1955, that I last saw the deceased alive on 1/2, 1954, and that death occurred at 1 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Clifford F. Hudson, M.D. ADDRESS Fork, Md DATE SIGNED 1/4/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Jan. 6/1955 | NAME OF CEMETERY OR CREMATORY: St Stephens | LOCATION (City, town, or county) (State): Bradshaw, Balto. Md

DATE REC'D BY LOCAL REG.: Jan 6-1955 | REGISTRAR'S SIGNATURE: C. E. Arthur D. R.

24. FUNERAL DIRECTOR: Howard R. McComas & Son ADDRESS: Abingdon Md

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN
BUREAU V.

00255

MARYLAND 00268

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5606 Queen Anne Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 5606 Queen Anne Rd.

3. NAME OF DECEASED (Type or Print) (First) Rosalie (Middle) Teresa (Last) Lansinger

4. DATE OF DEATH (Month) Jan. (Day) 25 (Year) 1955

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH Oct. 13, 1888

9. AGE last birthday 26 yrs. If under 1 year Months. Days. If under 24 hrs. Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Wm. F. Lansinger

14. MOTHER'S MAIDEN NAME Cecelia J. Tyson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO. ----

17. INFORMANT AND ADDRESS Mrs. Marcus Smith- Old Fred. Rd. Cat

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 47 v.o Coronary Thrombosis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio-

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 19..., to ..., 19..., that I last saw the deceased alive on ..., 19..., and that death occurred at ... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 1-29-55

NAME OF CEMETERY OR CREMATORY St. Joseph's Cem.

LOCATION (City, town, or county) (State) Emmitsburg Md.

DATE REC'D BY LOCAL REG. 1-28-55

REGISTRAR'S SIGNATURE V.E. Harry

24. FUNERAL DIRECTOR Farley Funeral Home-Catonsville, Md. ADDRESS

MARGIN RESERVED FOR BINDING

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00256

00267 **CERTIFICATE OF DEATH** Reg. Dist. No. 44

1. PLACE OF DEATH:
COUNTY Baltimore · 19 · MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Pt | LENGTH OF STAY (in this place) 34 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7308 Geise Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE as · COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ss
STREET ADDRESS (If rural give location) #1.

3. NAME OF DECEASED: (Type or Print) (First) ELIZABETH (Middle) ANN. (Last) LA ROUE.
4. DATE OF DEATH: (Month) JAN. (Day) 6. (Year) 1955
5. SEX: FEM.
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: NOV. 6. 1891
9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): England.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Thomas Crewdson.
14. MOTHER'S MAIDEN NAME: Mathilda Mathews.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO. (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None.
17. INFORMANT & ADDRESS: Harry La Roue - Husband.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
Immediate cause	(a)	Myocardial failure.	4 hours.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b)	Rheumatic Carditis.	14 yrs.
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1940; to Jan 6, 1955 that I last saw the deceased alive on Jan 6, 1955 and that death occurred at 5:20 P.M. from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Louis N. Tollin. M.D. 6908 North Pt. Rd Balto. 19 1/6/55

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF 1-10-55
NAME OF CEMETERY OR CREMATORY MEADOWRIDGE
LOCATION (City, town, or county) HOWARD Co. (State) Md.
DATE REC'D BY LOCAL REGISTRAR January 8-55
REGISTRAR'S SIGNATURE Dawson L. Farber
24. FUNERAL DIRECTOR Walter Burke Brooklyn, Baltimore, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

00268

00257

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Carney
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 9946 Hill Top Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Parkville
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Carney
STREET ADDRESS (If rural, give location): 9946 Hill Top Drive

3. NAME OF DECEASED (Type or Print): (First) Josephine (Middle) Marie (Last) Longbottom

4. DATE OF DEATH: (Month) Jan (Day) 7 (Year) 1955

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: April 19, 1917

9. AGE last birthday: 37 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Joseph Kopinke

14. MOTHER'S MAIDEN NAME: Barbara Durr

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Mr. Thomas Longbottom, 9946 Hill Top Drive

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Strangulation by hanging — Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Psychosis with melancholia associated with childbirth — 3 mo.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ___ OR CONTRIBUTING ___ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ✓, Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ___, accident ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE: Allen C. Hudson M.D., D.M.E. (Degree or title) ADDRESS: Towson Md. DATE SIGNED: 1/7/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Jan. 11 1955
NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cem.
LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG.: 1-10-55
REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR ADDRESS: Leonard J. Ruck, 5305 Harford Road #14

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00269

CERTIFICATE OF DEATH

00258

Reg. Dist. No. 44

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Fort Howard
LENGTH OF STAY (In this place) 57 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5o Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 3V 1-4
STREET ADDRESS (If rural give location) 1703 N. Dallas Street

3. NAME OF DECEASED: (Type or Print) (First) FRANK (Middle) L. (Last) LUMPKIN

4. DATE OF DEATH: (Month) January (Day) 14 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 12/25/90

9. AGE last birthday 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook

10B. KIND OF BUSINESS OR INDUSTRY: Maryland Drydock

11. BIRTHPLACE (State or foreign country): Trenton, New Jersey

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Thomas Lumpkin

14. MOTHER'S MAIDEN NAME: Evalina Nelson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO. 212-07-7970

17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm.Hospital,Ft. Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X

IMMEDIATE CAUSE (A) CARCINOMA OF STOMACH — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from Nov. 18, 1954, to Jan. 14, 1955, and that death occurred at 8:10A M, from the causes and on the date stated above.

SIGNATURE: WILLIAM B. VANDEGRIFT, M.D. ADDRESS: M. D. VAH, FORT HOWARD, MARYLAND DATE SIGNED: 1-14-54

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL — DATE THEREOF: 1-18-55 — NAME OF CEMETERY OR CREMATORY: Baltimore National Cemetery — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 1-18-55 — REGISTRAR'S SIGNATURE: A W Hedrick

24. FUNERAL DIRECTOR: Rayner Sanders Funeral Home — ADDRESS: 217 E. Preston St. Baltimore, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00259

00165 CERTIFICATE OF DEATH Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Balto.
CITY (If outside corporate limits, write RURAL and the nearest town) OR TOWN Dundalk (22)
MARYLAND LENGTH OF STAY (in this place) 44
HOSPITAL OR INSTITUTION OR STREET ADDRESS 204 Riverview Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk 22
STREET ADDRESS (If rural give location) 204 Riverview Ave

3. NAME OF DECEASED: (Type or Print) (First) Anna (Middle) Olena (Last) Lundin

4. DATE OF DEATH: (Month) 1 (Day) 5 (Year) 55 19

5. SEX: Fem.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: 7 May 1876

9. AGE last birthday: yrs. 78 IF UNDER 1 YEAR Month Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Norway

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Sivert A. Andersen

14. MOTHER'S MAIDEN NAME: Ingeborg M. Andersen (Ingebrigtsen)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs. Chas. Smith 3496 Dunhaven Rd. Dundalk, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis — Interval Between Onset And Death: 5 yrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arteriosclerosis (Generalized) — 10 yrs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1953 to Jan 5, 1955, that I last saw the deceased alive on Dec 21, 1954, and that death occurred at 7:30 a.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D.

ADDRESS Dundalk, Md

DATE SIGNED 1/7/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 1/8/1955

NAME OF CEMETERY OR CREMATORY Oak Lawn

LOCATION (City, town, or county) (State) Balto. Co., Md.

DATE REC'D BY LOCAL REGISTRAR Jan 7-1955

REGISTRAR'S SIGNATURE William M. Kelly

24. FUNERAL DIRECTOR Walter Burke Bradley, Smith, Md.

ADDRESS

VS. A15

MARYLAND 00270

00261
STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. L 30

Items 11, 1, 14 Film 17E 1-28-55 et

1. PLACE OF DEATH: COUNTY BALTO. | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE | MARYLAND LENGTH OF STAY (In this place) 8 YRS. | HOSPITAL OR INSTITUTION OR STREET ADDRESS RECORD KNOLL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. | COUNTY BALTO. | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE | STREET ADDRESS (If rural, give location) MAIDEN CHOICE LANE

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) MAC (Last) FARLAND

4. DATE OF DEATH: (Month) 1 (Day) 20 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: ?

9. AGE last birthday: 84 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Daniel Grumbine

14. MOTHER'S MAIDEN NAME: Mary Schaffer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Record Knoll Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4442X

Immediate cause (a). Acute Cardiac Failure

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b). Cardio vascular renal

(c). disease

INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to Jan 20, 1955, that I last saw the deceased alive on Jan 18, 1955, and that death occurred at 9-30a m. from the causes and on the date stated above.

SIGNATURE (Degree or title) E. McKeffer MD | ADDRESS 1010 Leadenhall | DATE SIGNED Jan 20 55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 1-22-55 | NAME OF CEMETERY OR CREMATORY Druid Ridge Cem. | LOCATION (City, town, or county) (State) Pikesville, Md.

DATE REC'D BY LOCAL REG. 1-22-55 | REGISTRAR'S SIGNATURE V. E. Harry

24. FUNERAL DIRECTOR | ADDRESS George A Farley - Catonsville, Md.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06260

00177

CERTIFICATE OF DEATH

Reg. Dist. No. 42

PLEASE WRITE PLAINLTH UNFADING INK. Every item of information should be carefully supplied. correct age is especially imt. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. NAME OF DECEASED (Type or Print): Mary B. Macomber

2. DATE OF DEATH: Jan. 17, 1955

3. PLACE OF DEATH: A. Baltimore City, Maryland Relay 27. md.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Baltimore Co. 51 4940 Tulip ave.
c. Length of stay in Baltimore: 17 days. Years / Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Pennsylvania B. COUNTY: Montgomery
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spring mount 75 x-3
D. STREET ADDRESS (If rural, give location): Spring mount Road.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	White	W. Dowed	Oct. 22-1879	75	3	

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House wife	Home	Pennsylvania	USA

13. FATHER'S NAME: John R. Bowers

14. MOTHER'S MAIDEN NAME: Mary A. Long

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or Unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
no			Webster B. Macomber	Aberdeen Md

MAL CERTIFICATION

18. CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic C.V.D.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Terminal Congestive

DUE TO

(C) Failure

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	20. AUTOPSY?
			YES ☐ NO ☑

21A. TIME OF INJURY (Month) (Day) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. I hereby certify that I attended the deceased from 1/5, 1955, to 1/17, 1955, that I last saw the deceased alive on 1/17, 1955, and that death occurred at 1934 m., from the causes and on the date stated above.

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
John C. Healy M. D.	Havre de Grace Md	1/18/55

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	Jan. 21-1955	Slate Ridge Cemetery	Delta, York Co. Penna

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Jan 18-55	[illegible]	John G. Darring	Aberdeen Md

00166

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

06262

Reg. Dist. No. 41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct spelling is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk — LENGTH OF STAY (In this place)
   HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
   STREET ADDRESS (If rural, give location) 218 Detroit Ave

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) A (Last) Marquardt

4. DATE OF DEATH: (Month) Jan (Day) 27/55 (Year) 19

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Sept 25 1891

9. AGE last birthday: 63 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Herman Prietz

14. MOTHER'S MAIDEN NAME: Don't know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: John G Marquardt 218 Detroit Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

42 y. 1

Immediate cause (a) Coronary Occlusion — 5 M. 2.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio-Vascular Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[illegible] Dr. Med. Exam. Dundalk 22 Md 1/27/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Jan Jan 31 /55 — NAME OF CEMETERY OR CREMATORY: Trinity — LOCATION (City, town, or county) (State): Baltimore

DATE REC'D BY LOCAL REG. — REGISTRAR'S SIGNATURE: Jan 28-1955 William M. Kelly

24. FUNERAL DIRECTOR — ADDRESS: Ulrich Funeral Home 2112 Dundalk Ave

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00263

00271 **CERTIFICATE OF DEATH** Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X BALTIMORE
LENGTH OF STAY (In this place) 18 DAYS
14 HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRING GROVE HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY HARFORD
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) DARLINGTON
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) OLIVIA (Middle) M. (Last) MAYER
4. DATE OF DEATH: (Month) JAN. (Day) 8 (Year) 1955
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): M
8. DATE OF BIRTH: 1-21-09
9. AGE last birthday 46 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10B KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: RICHARD MOORE
14. MOTHER'S MAIDEN NAME: NOT KNOWN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unk) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: FRANK J. MAYER DARLINGTON, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) CHRONIC ENCEPHALITIS DUE TO — INTERVAL BETWEEN ONSET AND DEATH: NOT

ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) SYPHILIS DUE TO — KNOWN

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES X NO

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 21, 1954 to Jan 9, 1955, that I last saw the deceased alive on Jan 9, 1955, and that death occurred at 8 a.m. p.m., from the causes and on the date stated above.
SIGNATURE Ben Blackman M. D. ADDRESS Spring Grove Hosp. DATE SIGNED 1/8/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Jan. 11, 1955
NAME OF CEMETERY OR CREMATORY Darlington
LOCATION (City, town, or county) (State) Harford Co. Md.

DATE REC'D BY LOCAL REGISTRAR 1/11/55
REGISTRAR'S SIGNATURE J. E. Harry
24. FUNERAL DIRECTOR ADDRESS H. S. Bailey Darlington Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 12 1955
BUREAU V. S.

THIS IS A PERMANENT RECORD.
PLEASE TYPE, OR WITH PERMANENT BLACK OR BLUE-BLACK INK—DO NOT USE A BALL POINT PEN.
Every item of information be carefully supplied. Physicians: please write the causes of death clearly and legibly.
THIS CERTIFICATE MUST BE) WITH THE BUREAU OF VITAL RECORDS WITHIN THREE (3) DAYS AFTER

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00272

CERTIFICATE OF DEATH

Reg. Dist. No. 00264

1. NAME OF DECEASED (Type or Print): VIOLA McCLAIN

2. DATE OF DEATH: Jan. 16, 1955

3. PLACE OF DEATH
A. Baltimore City, Maryland / Baltimore County / Catonsville.
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 52 6106 Old Frederick Rd.
c. Length of stay in Baltimore: 00 (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto. 3V01-4
D. STREET ADDRESS (If rural, give location): 1824 Druid Hill Ave.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	Col.	Widowed	Nov. 24, 1898	56		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Chatham N.C.	

13. FATHER'S NAME: Haywood Atwater

14. MOTHER'S MAIDEN NAME: Sallie ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No		Elizabeth Batten	6106 Old Fred. Rd.

ML CERTIFICATION

18. I — DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) 443X Myocardial degeneration — 1 month

DUE TO

(B) Essential hypertension — 2 yrs.

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II — OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN PART I OR PART II	19A. DATE OF OPERATION	19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20. AUTOPSY?
			YES ☐ NO ☐

21A. TIME OF INJURY (Month) (Day) (Year) (Hour) m. — 21E. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 21F. HOW DID INJURY OCCUR?

22. I certify that (I) (~~this~~ hospital) attended the deceased from March 1 1954 to Jan 16 1955, that (I) (~~we~~) last saw the deceased alive on Jan 16 1955, and that death occurred at 9:45 a. m., from the causes and on the date stated above.

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
ATTENDING PHYS. ☐ MED. DIRECTOR ☐ STAFF PHYS. ☐ M.D.	1123 Druid Hill Ave	1-18-55

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Shipped	Jan. 21. 1955	Durham N.C.	Durham N.C.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
1-20-55	C W Hensil	Mrs Katie R Williams	322 N Schroeder St

MARYLAND STATE DEPARTMENT OF HEALTH

00167

2411 N. Charles Street, Baltimore

00265

CERTIFICATE OF DEATH

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information fully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK	LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1766 BROOKVIEW RD.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
	STREET ADDRESS (If rural give location) 1766 BROOKVIEW RD.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MARY	ELIZABETH	McDONALD	JAN.	29,	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
FEMALE	WHITE	WIDOWED	JULY 11, 1889	65 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
RETIRED	HOUSE WORK	PHILADELPHIA, PA.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
BERNARD DONAHUE	JANE QUINN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		MRS. GEORGE ERHARDT SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
153X Immediate cause (a) Carcinoma of Appendix	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Metastases	
(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED White at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Dec., 19 54, to 1/29, 19 55, that I last saw the deceased alive on 1/29, 19 55, and that death occurred at 6:12 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H. Gordon	MD	3405 Dolfield	1/31/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	2-1-55.	SACRED HEART CEM.	7401 GERMAN HILL RD., MD.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-31-55	C W Frederick	Charles L. Zeiler	901 S. CONKLING ST. BALTO., 24, MD.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00266

03373 **CERTIFICATE OF DEATH** Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 52 Catonsville
LENGTH OF STAY (in this place) 4 mo. 27 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3 Vol. 4
STREET ADDRESS (If rural give location) 5324 Fernpark Avenue

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) P. Adolph (Last) Menkel

4. DATE OF DEATH: (Month) January (Day) 24, (Year) 19 55

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married | 8. DATE OF BIRTH: 10-27-1885 | 9. AGE last birthday 69 yrs. | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired Supt. of Cemetery | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Menkel | 14. MOTHER'S MAIDEN NAME: Emma Reitz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. Unknown | 17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4221 IMMEDIATE CAUSE (A) Cardiac failure

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Cardio vascular disease DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-14- , 1955, to 1-24- , 1955 that I last saw the deceased alive on 1-24- , 1955, and that death occurred at 11 A M, from the causes and on the date stated above.

SIGNATURE S. Wachsler M.D. ADDRESS Spring Grove State Hospital Catonsville 28, Md. DATE SIGNED 1-24-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 1/26/55 | NAME OF CEMETERY OR CREMATORY Woodlawn Cem. | LOCATION (City, town, or county) (State) Woodlawn, Md.

DATE REC'D BY LOCAL REGISTRAR 1-25-55 | REGISTRAR'S SIGNATURE G. H. Hedrick | 24. FUNERAL DIRECTOR ADDRESS Wm. J. Dickeuer & Sons, Balto 17

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00267

00168

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY BALTIMORE — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 53 DUNDALK (22) — LENGTH OF STAY (in this place) 76

HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 7203 SOLLERS POINT ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. — COUNTY BALTO.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK. (22) 53

STREET ADDRESS (If rural give location) 7203 SOLLERS POINT ROAD.

3. NAME OF DECEASED: (Type or Print) (First) RICHARD (Middle) TODD (Last) MERRITT

4. DATE OF DEATH: (Month) JAN. (Day) 6, (Year) 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	Wh.	MARRIED	8 DECEMBER 78	76 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
FARMER	AGRICULTURAL	Md.	U. S. A.

13. FATHER'S NAME: T. ALVAH MERRITT

14. MOTHER'S MAIDEN NAME: SALLIE E. TODD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
NO	NO	219-22-4000	MRS. ORA O. MERRITT, SAME ADDRESS

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Pancreas with

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Metastasis to Liver & Gall Bladder

DUE TO (c)

Interval Between Onset And Death: 4 m

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 1954 to Jan 6, 1955, that I last saw the deceased alive on Jan 4., 1955, and that death occurred at 1:55 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) W. M. Davis M.D. — ADDRESS Dundalk. Md. — DATE SIGNED 1/7/55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	1-10-55	OAK LAWN	BALTO. Co. Md

DATE REC'D BY LOCAL REGISTRAR: Jan 7-1955 — REGISTRAR'S SIGNATURE: William McKelvey — 24. FUNERAL DIRECTOR — ADDRESS: Austin Bradley, Dundalk, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00374

CERTIFICATE OF DEATH

00268

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Notch Cliff near Towson — LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS 94 Villa Maria Geneva Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Notch Cliff near Towson X
STREET ADDRESS (If rural, give location) Geneva Rd 1

3. NAME OF DECEASED (Type or Print): (First) Sister Mary (Middle) Alix (Last) Metzger

4. DATE OF DEATH: (Month) Jan (Day) 14 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Aug 17, 1876

9. AGE last birthday: 78 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Rochester N.Y.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Balthasar Metzger

14. MOTHER'S MAIDEN NAME: Catherine Koch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Sr. Mary Clara Notch Cliff Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Ventricular Fibrillation ..... Sudden

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocardial degeneration ..... 5 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 22, 1954, to Jan 14, 1955, that I last saw the deceased alive on Dec 22, 1955, and that death occurred at about 5.00 Am., from the causes and on the date stated above.

SIGNATURE: L. Michael Thomas Mead (Degree or title) — ADDRESS: 7501 York Rd, Towson, Md — DATE SIGNED: 1/14/55

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE THEREOF: 1-17-55 | NAME OF CEMETERY OR CREMATORY: VILLA MARIA CEM. | LOCATION (City, town, or county) (State): NOTCH CLIFF NR TOWSON, MD

DATE REC'D BY LOCAL REG.: Jan 16, 1955 | REGISTRAR'S SIGNATURE: A. M. Hedrick | 24. FUNERAL DIRECTOR: Charles S. Fuller — ADDRESS: 901 S. CONKLING ST. BALTO., 24, MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03275

CERTIFICATE OF DEATH

Reg. Dist. No. 00269 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
52 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (In this place) 4 months
16 HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore X
STREET ADDRESS (If rural give location) 8307 Harford Road 1

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) W (Last) Miller

4. DATE OF DEATH: (Month) January (Day) 2 (Year) 19 55

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow | 8 DATE OF BIRTH: July 22. 1869. | 9. AGE last birthday 85 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): USA
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: (?) Henry Scheppler
14. MOTHER'S MAIDEN NAME: Catherine Shipley

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO none
17 INFORMANT & ADDRESS: Author Miller 8307 Harford Rd, Balto.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4 IMMEDIATE CAUSE
(A) Senility with generalized arterio-
ANTECEDENT CAUSE (S) DUE TO sclerosis and debility resulting
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) therefrom DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 9, 19 54 to Jan 2., 1955, that I last saw the deceased alive on Jan. 2, 1955, and that death occurred at 2 P. M, from the causes and on the date stated above.

SIGNATURE SPRING GROVE STATE HOSPITAL M. D. ADDRESS [illegible] M.D. DATE SIGNED 1/2/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial | DATE THEREOF 1-5-1955 | NAME OF CEMETERY OR CREMATORY St Johns Lutheran Cem. | LOCATION (City, town, or county) (State) Balto Md.

DATE REC'D BY LOCAL REGISTRAR 1-3-55 | REGISTRAR'S SIGNATURE A.W. Hedrick | 24. FUNERAL DIRECTOR ADDRESS Lansdale Funeral Home 7401 Belair Rd

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

00276

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 00270 44

1 PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Fort Howard
LENGTH OF STAY (in this place) 71 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3V01-4
STREET ADDRESS (If rural give location) 100 W. Cold Spring Lane

3. NAME OF DECEASED: (Type or Print) (First) HARRY (Middle) C. (Last) MILLER

4. DATE OF DEATH: (Month) (Day) (Year) January 26 1955

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married | 8. DATE OF BIRTH: December 28, 1893 | 9. AGE last birthday: 61 yrs. | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Club Manager
10B. KIND OF BUSINESS OR INDUSTRY: Country Club of Md.
11. BIRTHPLACE (State or foreign country): Grahamville S. Carolina
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Thomas Miller
14. MOTHER'S MAIDEN NAME: Anna Hume

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. 200-18-4905
17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm.Hosp., Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A) 540.0	GASTROINTESTINAL HEMORRHAGE	4 DAYS
ANTECEDENT CAUSE (B) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO	BLEEDING GASTRIC ULCER	UNKNOWN
(C)		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. CIRRHOSIS OF LIVER

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work [ ] Not while at work [ ]
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 16, 1954 to Jan. 26, 1955 and that death occurred at 7:50P M, from the causes and on the date stated above.

SIGNATURE: William B. Vandegrift M.D.
ADDRESS: VAH, FORT HOWARD, MARYLAND
DATE SIGNED: 1/27/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): CREMATION
DATE THEREOF: Jan 28 1955
NAME OF CEMETERY OR CREMATORY: GREEN MOUNT CEMETERY
LOCATION (City, town, or count) (State): Greenmount Ave&Oliver St. Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: January 28, 1955
REGISTRAR'S SIGNATURE: Aaron L Fink
24. FUNERAL DIRECTOR: FINKS FUNERAL HOME
ADDRESS: 417 CRANE HIGHWAY NE GLEN BURNIE, MARYLAND

BUREAU U. S.

00271

MARYLAND 00277

STATE DEPARTMETT OF HEALTH

33

CERTIFICATE OF DEATH

Reg. Dist. No. 455

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills
LENGTH OF STAY (in this place) 34 yrs 3 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS 12 Rosewood State Dr. School

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills
STREET ADDRESS (If rural, give location) Rosewood State Dr. School

3. NAME OF DECEASED (Type or Print) (First) Margaret (Middle) Howard (Last) Mulcahy

4. DATE OF DEATH (Month) Jan (Day) 14 (Year) 19 55

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH 4-6-1910

9. AGE last birthday 44 yrs. If under 1 year: Months | Days; If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Daniel Theodore Mulcahy

14. MOTHER'S MAIDEN NAME Margaret Auble

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

491X

Immediate cause (a) Cardiac Failure — Interval Between Onset and Death: 6 hrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Broncho - pneumonia — 8 days

(c) Chronic glomerulo nephritis & edema — Several years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Post encephalitic Parkinsonism — Encephalitis at 9 yrs of age

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY Partial Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 10, 1954, to Jan 14, 1955, that I last saw the deceased alive on Jan 14, 1955, and that death occurred at 1:10 P. m., from the causes and on the date stated above.

SIGNATURE Viola B. Johns (Degree or title) M.D ADDRESS Rosewood State Training School DATE SIGNED 1-14-55

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

DATE 1/18/55

NAME OF CEMETERY OR CREMATORY ~~HOLY CROSS~~ CEDAR HILL

LOCATION (City, town, or county) (State) BALTIMORE, MD. (Md.)

DATE REC'D BY LOCAL REG. 1/19/55

REGISTRAR'S SIGNATURE Mary B Cline

24. FUNERAL DIRECTOR John F. Denny, Inc. ADDRESS 715 Light St.

1/17/55 E. J. Dobbins mat

MARGIN RESERVED FOR BINDING

I

Item 8, FilmG176 1-31-55 et

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00278 00272

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, UNFADING INK. Every item of information should be carefully supplied. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. NAME OF DECEASED (Type or Print): GEORGE HENRY MILLER

2. DATE OF DEATH: 1/11/55

3. PLACE OF DEATH: A. Baltimore City, Maryland (Baltimore Co.)

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): X AT HOME

c. Length of stay in Baltimore: 00 Yrs. LIFE Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md
B. COUNTY: BALTIMORE Co
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BALTIMORE COUNTY X
D. STREET ADDRESS (If rural, give location): 9411 OLD HARFORD RD 3 4

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
8. DATE OF BIRTH: JULY 15 1886
9. AGE (In years last birthday): 68
If Under 1 Year: Months / Days
If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): OWN BUSINESS
10B. KIND OF BUSINESS OR INDUSTRY: PAINTER
11. BIRTHPLACE (State or foreign country): BALTIMORE MD
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: GEORGE JOHN MILLER
14. MOTHER'S MAIDEN NAME: MARY NEU[illegible]

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 215-05-6732
17. INFORMANT: WIFE
ADDRESS: [illegible]

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) [illegible]	
	DUE TO	
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST	(B) [illegible]	
	DUE TO	
	(C) [illegible]	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19. WAS OPERATION PERFORMED FOR ANY CONDITIONS IN ITEM 18 OR CONTRIBUTING CAUSE OF DEATH (NOTIFY MEDICAL EXAMINER)

20. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/5, 19[illegible], *to* 1/11, 19[illegible], *that I last saw the deceased alive on* 1/[illegible], 19[illegible], *and that death occurred at* 2:30 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE: [illegible] M. D.
23B. ADDRESS: [illegible]
23C. DATE SIGNED: 1/11/55

24A. BURIAL, CREMATION, REMOVAL (Specify): Burial
24B. DATE: 1/12/55
24C. NAME OF CEMETERY OR CREMATORY: Waugh Chapel
24D. LOCATION (City, town, or county) (State): Balto. Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR: 1-21-55
REGISTRAR'S SIGNATURE: C W McCusker
25. FUNERAL DIRECTOR: Lassahn Funeral Home
ADDRESS: 7401 Belair Rd.

00279

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

60273

CERTIFICATE OF DEATH

Reg. Dist. No. 3E

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR X TOWN Parkville
LENGTH OF STAY (In this place) 1½ yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1417 Baker Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville
STREET ADDRESS (If rural, give location) 1417 Baker Ave

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) F. (Last) Murphy
4. DATE OF DEATH: (Month) Jan (Day) 31 (Year) 1955

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Feb 17 1902
9. AGE last birthday: 52 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Baker
10b. KIND OF BUSINESS OR INDUSTRY: Baking
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: —
14. MOTHER'S MAIDEN NAME: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 216-01-1044
17. INFORMANT AND ADDRESS: Jennie M. Murphy 1417 Baker Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchogenic carcinoma — Interval between onset and death: 6 mo.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 54, to 1/31, 1955, that I last saw the deceased alive on 1/29, 1955, and that death occurred at 2:40 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles E. Hart, M.D. ADDRESS 120 W. Lexington St. DATE SIGNED 2/2/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 2-3-55 | NAME OF CEMETERY OR CREMATORY Maple Lawn Memorial Pk | LOCATION (City, town, or county) Balto Co. (State) Md.

DATE REC'D BY LOCAL REG. 2/3/55 | REGISTRAR'S SIGNATURE D. M. Deacon | 24. FUNERAL DIRECTOR Charles F. Evans & Son ADDRESS #1802 Harford Rd.

00178

00274

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. .....

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brooklyn Home Life
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS O/L Phila. Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED):
STATE Md COUNTY Balto.
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Rosedale. R.F.D. 1
STREET ADDRESS (If rural, give location) Box 87. R.R. 6. Phila Rd

3. NAME OF DECEASED: (Type or Print) (First) Frank (Middle) Joseph (Last) Myers

4. DATE OF DEATH (Month) Jan (Day) 24 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan 26 1892

9. AGE last birthday: 62 yrs.

IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Self.

10b. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: John Myers

14. MOTHER'S MAIDEN NAME: Catherine Metzler.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 216-32-8995

17. INFORMANT & ADDRESS: Mrs. Caroline C. Wheeler (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) 420.1 Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Hr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY

21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF Jan 24 55 12:30 P.M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [illegible] M.D. CORONER MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ DATE SIGNED

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial — DATE THEREOF 1/27/55 — NAME OF CEMETERY OR CREMATORY Zion Luth Cem — LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REG. 1-27-55 — REGISTRAR'S SIGNATURE [illegible] Asst. — **24. FUNERAL DIRECTOR** Loeschner Funeral Home — ADDRESS 7401 Belair Rd

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00275

00280 CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
LENGTH OF STAY (in this place) 54 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1856 Reisterstown Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
STREET ADDRESS (If rural give location) 1856 Reisterstown Road

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) William (Last) New

4. DATE OF DEATH: (Month) Jan (Day) 7 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Nov 21 1892

9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: B&O Railroad

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles W New Sr

14. MOTHER'S MAIDEN NAME: Nanette Dinger

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) World War 1

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs Emily New Pikesville Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
Immediate cause	(a)	Coronary Thrombosis	1/2 hr
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b)	Angina Pectoris	5 days
	DUE TO (c)	Arteriosclerosis	2-3 yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/2 ..., 1955, to 1/7 ..., 1955, that I last saw the deceased alive on 1/7, 1955, and that death occurred at 11 P.M., from the causes and on the date stated above.

SIGNATURE James A. Miller Jr (Degree or title) ADDRESS Pikesville Md DATE SIGNED 1/10/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Jan 11 1955 NAME OF CEMETERY OR CREMATORY Stone Chapel Cemetery LOCATION (City, town, or county) Pikesville (State) Md

DATE REC'D BY LOCAL REGISTRAR 1-10-55 REGISTRAR'S SIGNATURE Mary B. Shue

24. FUNERAL DIRECTOR Wm Berryman & Sons ADDRESS Reisterstown Md

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JAN 12 1955
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00275

00281

CERTIFICATE OF DEATH

Reg. Dist. No. ....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
X CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Reisterstown md
LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 14 Virginia Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown X
STREET ADDRESS (If rural give location) 14 Virginia

3. NAME OF DECEASED: (Type or Print) (First) James Harvey (Middle) (Last) Noble

4. DATE OF DEATH: (Month) JAN (Day) 7 (Year) 1955

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: 6 Apr 1888

9. AGE last birthday 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Metallurgist

10B. KIND OF BUSINESS OR INDUSTRY: Chemistry Laboratory

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Calhoun T Noble

14. MOTHER'S MAIDEN NAME: Elizabeth Ewing

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no.
(If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO. A 213-07-1180A

17. INFORMANT & ADDRESS: mrs James Noble, 14 Virginia Ave, Reisterstown Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

4.5.0 / 00281

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Pulmonary tuberculosis — 10 yrs.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr, 1952, to 7 Jan, 1955, that I last saw the deceased alive on 10 Dec, 1954, and that death occurred at 2.15 P.M., from the causes and on the date stated above.

SIGNATURE Paul H Royer M.D. ADDRESS Pikesville Md DATE SIGNED 7 Jan 55.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF Jan 10 1955 — NAME OF CEMETERY OR CREMATORY Woodland Memorial — LOCATION (City, town, or county) Rockville-Balto Co. (State)

DATE REC'D BY LOCAL REGISTRAR January 8 1955 — REGISTRAR'S SIGNATURE R. W.

24. FUNERAL DIRECTOR Stewart Mortuary — ADDRESS 108 W Mt Ave

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00282 CERTIFICATE OF DEATH

Reg. Dist. No. 00282

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Fort Howard
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 3V:1.4
STREET ADDRESS (If rural give location) 506 N. Pearl Street

3. NAME OF DECEASED: (Type or Print) (First) EDWARD (Middle) (Last) ORAM

4. DATE OF DEATH: (Month) January (Day) 22 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: 12/11/87

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter

10B. KIND OF BUSINESS OR INDUSTRY: Construction Co.

11. BIRTHPLACE (State or foreign country): New Market, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Albert Oram

14. MOTHER'S MAIDEN NAME: Alice Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

492X

IMMEDIATE CAUSE (A) PNEUMONITIS — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 20, 1955, to Jan 22, 1955, that I last saw the deceased XXXXXXXXXXXXXXXXXXXX and that death occurred at 3:25 PM, from the causes and on the date stated above.

SIGNATURE GEORGE C. GODFREY, M.D. ADDRESS VAH, Fort Howard, Maryland DATE SIGNED 1/22/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 1/26/1955 — NAME OF CEMETERY OR CREMATORY Baltimore National — LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 1-24-55 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Arlington Phillips — ADDRESS 1808 W. Monroe Street, Baltimore, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00279

00169

CERTIFICATE OF DEATH

Reg. Dist. No. 41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
53
LENGTH OF STAY (in this place)
00 HOSPITAL OR INSTITUTION OR STREET ADDRESS 62 YORKWAY

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK 53
STREET ADDRESS (If rural give location) 62 YORKWAY

3. NAME OF DECEASED: (Type or Print) (First) ROGER (Middle) BROOKE (Last) OWINGS

4. DATE OF DEATH: (Month) JAN. (Day) 10 (Year) 19 55

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: APR. 24, 1905

9. AGE last birthday: 49 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): CABLE DEPT.

10b. KIND OF BUSINESS OR INDUSTRY: BETH STEEL CO

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WM. M. OWINGS

14. MOTHER'S MAIDEN NAME: LERCY SIMMONS

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: WM. B. OWINGS 62 YORKWAY.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 4.20.1 Coronary Occlusion — Interval Between Onset And Death: 5 MIN.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Myocardio-Arteriosclerotic c.

DUE TO (c) Hypertension Coronary Occlusion in 1950 & 1954

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 26, 1949, to JAN. 10, 1955, that I last saw the deceased alive on Jan 9th, 1955, and that death occurred at 10:44 Am., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL — DATE THEREOF JAN 12 1955 — NAME OF CEMETERY OR CREMATORY CEDAR BLUFF — LOCATION (City, town, or county) ANNAPOLIS — (State) MD.

DATE REC'D BY LOCAL REGISTRAR Jan 11 1955 — REGISTRAR'S SIGNATURE William M Kelly

24. FUNERAL DIRECTOR ULLRICH FUNERAL HOME — ADDRESS 2112 DUNDALK

RECEIVED
JAN 1? 19?
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00283

CERTIFICATE OF DEATH

Reg. Dist. No. 00280 55

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
X CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) PLEASANT HILL
LENGTH OF STAY (in this place) 14 yrs.
00 HOSPITAL OR INSTITUTION OR STREET ADDRESS 12 PLEASANT HILL RD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PLEASANT HILL X
STREET ADDRESS (If rural give location) 12 PLEASANT HILL RD. 1

3. NAME OF DECEASED: (Type or Print) (First) EMMA (Middle) BENNETT (Last) PARSLEY

4. DATE OF DEATH: (Month) 1 (Day) 2 (Year) 1955

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOW

8. DATE OF BIRTH: 3-26-1872

9. AGE last birthday 82 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): JOHNSVILLE, PA.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CHARLES K. SMITH

14. MOTHER'S MAIDEN NAME. MARY BENDER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: MRS. MARY B. WYATT PLEASANT HILL

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Uremic Coma — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSE (B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Hypertension & arteriosclerosis (generalized) — INTERVAL BETWEEN ONSET AND DEATH: Unstated

DUE TO (C) Nephritis - chronic — INTERVAL BETWEEN ONSET AND DEATH: years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) None (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1-, 1930, to 1-2-1955, that I last saw the deceased alive on 1-2-, 1955, and that death occurred at 11:45 M, from the causes and on the date stated above.

SIGNATURE Emma L. Saffell ADDRESS M. D. Reisterstown Md. DATE SIGNED 1-3-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 1/5/55 — NAME OF CEMETERY OR CREMATORY Woodlawn — LOCATION (City, town, or county) (State) Woodlawn, Md.

DATE REC'D BY LOCAL REGISTRAR 1-4-55 — REGISTRAR'S SIGNATURE Mary B. Shue — 24. FUNERAL DIRECTOR Frank H. Mowell — ADDRESS Pikesville Md.

RECEIVED
JAN 12 1955
BUREAU V. S.

00178

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00281

Reg. Dist. No. 41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk | LENGTH OF STAY (in this place) 28 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 211 Sollers Point Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk 22
STREET ADDRESS (If rural, give location) 211 Sollers Point Road

3. NAME OF DECEASED (Type or Print): (First) Narcissus (Middle) (Last) Parsons
4. DATE OF DEATH: (Month) January 11 (Day) (Year) 1955
5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: ?
9. AGE last birthday: 78? yrs. If under 1 year: Months ? Days ? If under 24 hrs.: Hours ? Min. ?
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): South Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Joe Babnett
14. MOTHER'S MAIDEN NAME: ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mrs. Fannie Major, 211 Sollers Pt. Rd., Dundalk 22, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pneumonia, Hypostatic	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Congestive Heart Failure	4 yrs.
	(c) Arterio-sclerosis	—

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1950, to January 11, 1955, that I last saw the deceased alive on January 11, 1955, and that death occurred at 8 20 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

William C. Hoke M.D. | 140 Oak Ave., Dundalk 22, Md. | January 11 1955

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 1-15-55 | NAME OF CEMETERY OR CREMATORY: Sinai Memorial | LOCATION (City, town, or county) (State): Linwood, Md.

DATE REC'D BY LOCAL REG.: 1-13-55 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR: Charles L. Lee | ADDRESS: 802 Madison Ave.

Drew

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00284

CERTIFICATE OF DEATH

00282

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
   COUNTY: BALTIMORE. STATE: MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: TOWSON
   LENGTH OF STAY (in this place): 46 years
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: SHEPPARD & ENOCH PRATT HOSP. TOWSON 4, MD

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE: PENNA COUNTY: LAWRENCE S.
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: NEW CASTLE. "
   STREET ADDRESS (If rural give location): NOT KNOWN

3. NAME OF DECEASED: (First) WILLIAM (Middle) LEE (Last) PATTERSON

4. DATE OF DEATH: (Month) JAN (Day) 1 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: 10/22/70

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): MANAGER

10b. KIND OF BUSINESS OR INDUSTRY: WIRE NAIL FAC.

11. BIRTHPLACE (State or foreign country): PENNA S

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: WILLIAM PATTERSON

14. MOTHER'S MAIDEN NAME: HARIETT WOODWARD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) UNK (If Yes, give war or dates of service) UNK

16. SOCIAL SECURITY NO.: UNK

17. INFORMANT & ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CEREBRAL THROMBOSIS — Interval Between Onset And Death: 6 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) GENERALIZED ARTERIOSCLEROSIS — 10 years

DUE TO

(c) DEMENTIA PRAECOX — 50 years

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. NONE.

19a. DATE OF OPERATION: NONE

19b. MAJOR FINDINGS OF OPERATION: NONE.

20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) No

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) No m.

INJURY OCCURED While at Work [ ] Not While At Work [ ]

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 JULY, 1953, to 1 JAN, 1955, that I last saw the deceased alive on 1 JAN, 1955, and that death occurred at 10 50 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Richard W. Arms M.D. SHEPPARD PRATT HOSP 1 JAN 55

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 1/2/55 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) New Castle Pa.

DATE REC'D BY LOCAL REGISTRAR 1-3-55 REGISTRAR'S SIGNATURE A. W. Hamm

24. FUNERAL DIRECTOR William J. Zuckner & Sons ADDRESS Gould & Penna Aves

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00283

00285

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Washington Life — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6037 Falls Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Washington
STREET ADDRESS (If rural, give location) 6051 Falls Road

3. NAME OF DECEASED: (First) Edward (Middle) C (Last) PAYNE
(Type or Print)

4. DATE OF DEATH: (Month) Jan. (Day) 9 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: Nov 16 1881

9. AGE last birthday: 73 yrs — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Stationary ENGENIEER

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Payne

14. MOTHER'S MAIDEN NAME: Margaret Baldwin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No

16. SOCIAL SECURITY No.: (If Yes, give war or dates of service) 220-30-3087

17. INFORMANT & ADDRESS: Ethel M Payne 6051 Falls Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) CEREBRO-VASCULAR ACCIDENT	10 Hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) GENERALIZED ARTERIOSCLEROSIS	3 YRS.
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec., 1953, to Jan. 9, 1955, that I last saw the deceased alive on Jan. 9, 1955, and that death occurred at 7:05 A.M. from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

William A. Priestley M.D. Timonium Jan. 10, 1955

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1-13-55	Mt Lion	Freeland Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-20-55	C. E. Hedrick	Frank A Seitz	814 Fallsway

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00284

00286 CERTIFICATE OF DEATH Reg. Dist. No. 31

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt Vernon Pk
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3699 Forest Hill Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X
STREET ADDRESS (If rural give location) 3609 Forest Hill Avenue

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) Addie V. Pennock

4. DATE OF DEATH: (Month) (Day) (Year) January 29 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: May 28, 1888
9. AGE last birthday: 66 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Philadelphia Pa.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Morris Lukens
14. MOTHER'S MAIDEN NAME: Theodosia Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: John F. Pennock 3609 Forest Hill Avenue

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1
IMMEDIATE CAUSE (A) Coronary Thrombosis
ANTECEDENT CAUSE (B) DUE TO Coronary Artery Disease Acute & Chronic.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C) myocardial Infarction old

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Chronic Congestive Failure

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1954, to 29 Jan, 1955, that I last saw the deceased alive on 23 Jan, 1955, and that death occurred at 800 A.M, from the causes and on the date stated above.
SIGNATURE AND M.D. W. Re Groth M.D. ADDRESS 1707 E. Edmonston Ave. Catonsville 28 Md. DATE SIGNED 29 Jan 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 2-2-55
NAME OF CEMETERY OR CREMATORY: Mount Olive
LOCATION (City, town, or county) (State): Randallstown Md.

DATE REC'D BY LOCAL REGISTRAR: 1-31-55
REGISTRAR'S SIGNATURE: C W Hedrick
24. FUNERAL DIRECTOR: Ellsworth Ormacost ADDRESS 1600 Liberty Ave. Balto. 3

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00285

00287

CERTIFICATE OF DEATH

Reg. Dist. No. 4/5

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Gray Manor
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2826 Plainfield Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Penna. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fayette City 75 X - 3
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) (Last) PERRIE

4. DATE OF DEATH: (Month) January (Day) 29, (Year) 1955

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Jan. 12, 1869

9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Steamboat mate

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Fayette City, Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: ---

14. MOTHER'S MAIDEN NAME: --

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 171-16-8581

17. INFORMANT & ADDRESS: Gray Manor, Maryland — Arthur Williams, 2826 Plainfield Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
420.0 Immediate cause	(a)	Hypostatic Pneumonia	48 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Arteriosclerotic H. D.	3 yrs
	DUE TO (c)	Generalized Arteriosclerosis	3 yrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1, 1954, to Jan. 29, 1955, that I last saw the deceased alive on Jan. 29, 1955, and that death occurred at 7:00 A. m., from the causes and on the date stated above.

SIGNATURE: James T. Means (DEGREE OR TITLE) M. D. ADDRESS 520 D. St, Balto. Md. DATE SIGNED 1/29/55

23. BURIAL, CREMATION, REMOVAL (Specify): removal — DATE THEREOF 1/29/55 — NAME OF CEMETERY OR CREMATORY: Fayette City — LOCATION (City, town, or county) (State): Fayette City, Pennsylvania

DATE REC'D BY LOCAL REG. 1-29-55 — REGISTRAR'S SIGNATURE: A W Hedrick

24. FUNERAL DIRECTOR ADDRESS: Wm. Cook, Inc. 1217 St. Paul Street

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00288 **CERTIFICATE OF DEATH** Reg. Dist. No. 00286

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X RURAL - HEBBVILLE
LENGTH OF STAY (in this place) 84
HOSPITAL OR INSTITUTION OR STREET ADDRESS or 7415 WINDSOR MILL Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - HEBBVILLE X
STREET ADDRESS (If rural give location) 7415 WINDSOR MILL Rd.

3. NAME OF DECEASED: (Type or Print) (First) EDA (Middle) MARY (Last) PIEL

4. DATE OF DEATH: (Month) 1 (Day) 19 (Year) 1955

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): SINGLE | 8. DATE OF BIRTH: 6/11/70 | 9. AGE last birthday 84 yrs | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWORK | 10B. KIND OF BUSINESS OR INDUSTRY: HOUSE | 11. BIRTHPLACE (State or foreign country): MARYLAND | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM F. PIEL

14. MOTHER'S MAIDEN NAME: ANNA W. SERP

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: MILTON PIEL - 7415 WINDSOR MILL Rd.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4.2.1 IMMEDIATE CAUSE (A) CORONARY THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH: 2 MONTHS.

ANTECEDENT CAUSE (B) DUE TO (B) HYPERTENSIVE C. V. DISEASE. — 10 YEARS

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from FEB. 5, 1954 to JAN. 19, 1955, that I last saw the deceased alive on JAN. 18, 1955, and that death occurred at 1:30 A.M., from the causes and on the date stated above.

SIGNATURE Edwin G Pierpont M. D. ADDRESS 8204 LIBERTY Rd BALTO. 7, Md. DATE SIGNED 1/19/55

23 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 1/22-55 | NAME OF CEMETERY OR CREMATORY Woodlawn Cem | LOCATION (City, town, or county) (State) Woodlawn Md Balto 7

DATE REC'D BY LOCAL REGISTRAR 1/20/55 | REGISTRAR'S SIGNATURE August C. Bonea | 24 FUNERAL DIRECTOR Chas P. Towell 5411 | ADDRESS Windsor Mill Rd

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00287

00289

CERTIFICATE OF DEATH

Reg. Dist. No. 45

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH.
03 COUNTY Baltimore MARYLAND
54 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Middle River
LENGTH OF STAY (in this place) 4 yrs
10 HOSPITAL OR INSTITUTION OR STREET ADDRESS 19 Harrison Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md ~~COUNTY~~ Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto. 54
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) Georgian (Middle) W (Last) Pitman

4. DATE OF DEATH: (Month) Jan (Day) 3 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widow
8. DATE OF BIRTH: May. 31, 1867
9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Philadelphia, Pa.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Wm Helm
14. MOTHER'S MAIDEN NAME: Rachael Wilt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT & ADDRESS: Wm W. Pitman 7525 Berkshire Rd, Balto. 21

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE (A) Coronary Occlusion
DUE TO
ANTECEDENT CAUSE (B) Arteriosclerosis; generalized
DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1952, to present, 19..., that I last saw the deceased alive on 12/28, 1954, and that death occurred at 9 3/4 A M, from the causes and on the date stated above.
SIGNATURE Joseph Kaufman M. D. ADDRESS 30 Glendale Rd — DATE SIGNED 1/3/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal
DATE THEREOF 1/3/55
NAME OF CEMETERY OR CREMATORY Hillside Cem.
LOCATION (City, town, or county) (State) Philadelphia

DATE REC'D BY LOCAL REGISTRAR 1/3/55
REGISTRAR'S SIGNATURE Edith Hurley
24. FUNERAL DIRECTOR ADDRESS Wm. F. Tickner & Sons North Pa. ave. Balto. 17, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00288

00290

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Middle River
LENGTH OF STAY (in this place) 54
HOSPITAL OR INSTITUTION OR STREET ADDRESS #4 Butternut Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Middle River
STREET ADDRESS (If rural give location) 1407 Wilson Point Road

3. NAME OF DECEASED: (Type or Print) (First) Mrs. (Middle) Florence R. (Last) Poisal

4. DATE OF DEATH: (Month) January (Day) 8 (Year) 1955

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Feb. 1, 1883

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME. John W. Hafele

14. MOTHER'S MAIDEN NAME: Anna Bischmann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mr. Samuel H. Poisal, 1407 Wilson Pt. Rd.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X
IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 24 hours

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Arteriosclerosis, generalized
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Hypertension

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... , 19..., to present, 19...., that I last saw the deceased alive on 1/7, 1955 and that death occurred at 3A M, from the causes and on the date stated above.

SIGNATURE Joseph Gamer M. D. ADDRESS 30 Church Hill Rd DATE SIGNED Balto 1/9/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Jan. 11, 1955

NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery

LOCATION (City, town, or county) Baltimore, Maryland (State)

DATE REC'D BY LOCAL REGISTRAR 1-10-55

REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR Leonard J. Ruck ADDRESS 5305 Harford Road #14

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Dr. Cameron
Compass & Chandelle Rd.
MU 7 4403
MU 7 2750

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00289

00291

CERTIFICATE OF DEATH

Reg. Dist. No. 37

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

A15—10-53

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
X CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LUTHERVILLE
LENGTH OF STAY (in this place)
90 HOSPITAL OR INSTITUTION OR STREET ADDRESS COLLEGE MANOR HOME

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY BALTO.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ROGERS FORGE - BALTO. 12 X
STREET ADDRESS (If rural give location) 110 DUMBARTON ROAD

3. NAME OF DECEASED: (Type or Print) (First) LUVIA (Middle) CLEMENT (Last) POOLE

4. DATE OF DEATH: (Month) JAN. (Day) 13, (Year) 1955

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOW

8. DATE OF BIRTH: JUNE 26, 1866

9. AGE last birthday 88 yrs. IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours — Min. —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): CALIFORNIA

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JABISH CLEMENT

14. MOTHER'S MAIDEN NAME: GERALDINE PRICE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) NONE

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: FAMILY RECORDS

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332X

IMMEDIATE CAUSE (A) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 6 mos

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY OCCUR?

22 I hereby certify that I attended the deceased from Sept, 1954, to 1/13, 1955, that I last saw the deceased alive on 1/13/, 1955, and that death occurred at 3 55 PM, from the causes and on the date stated above.

SIGNATURE Joseph DB King M.D. ADDRESS 1210 Eutaw Pl. DATE SIGNED 1/14/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL | DATE THEREOF JAN. 1955 | NAME OF CEMETERY OR CREMATORY MORELAND PARK CEM. | LOCATION (City, town, or county) (State) PARKVILLE, MD.

DATE REC'D BY LOCAL REGISTRAR 15 Jan 1955 | REGISTRAR'S SIGNATURE Anne Armistead MacRae | 24. FUNERAL DIRECTOR John Bourne's Sons, Towson, Md. | ADDRESS

00290

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00292

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 436 E. Penna. Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 436 E. Penna. Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Zennie		Powell	1	10	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	C	Married	May 5, 1874	80 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Balto. Co. Md.	U.S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Henry Mack	Mackie Hughes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	Joseph Powell - 436 E. Penna Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio - Renal Disease — Interval Between Onset and Death: 4 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan 1, 1955, to Jan 10, 1955, that I last saw the deceased alive on Jan 9, 1955, and that death occurred at 9.45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Louis A. Johnson M.D. ADDRESS 201-6-22 E. Penna Ave DATE SIGNED 1/11/55

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/14/55	Gough's Chapel	Cockeysville, Md.

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Wm. I. Chatman, Jr. ADDRESS 1201 McCulloh St. Balto. Md.

Reg 2.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00293 **CERTIFICATE OF DEATH** Reg. Dist. No. 00291

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place) 5 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 4425 Alan Drive

3. NAME OF DECEASED: (Type or Print) (First) Richard (Middle) Claude (Last) Proctor

4. DATE OF DEATH: (Month) 1-31- (Day) (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 8-26-1867

9. AGE last birthday 87 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miller

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Morgan Proctor

14. MOTHER'S MAIDEN NAME: Georgania Roche

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

(A) IMMEDIATE CAUSE: 490X Bilateral pneumonia

(B) ANTECEDENT CAUSE DUE TO:

(C) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO:

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Generalized arteriosclerosis

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-31- , 19 11, to 1-31- , 1955, that I last saw the deceased alive on 1-31- , 1955, and that death occurred at 1:45 PM, from the causes and on the date stated above.

SIGNATURE J. Wachsler M.D. ADDRESS Spring Grove State Hosp. Catonsville 28, Md. DATE SIGNED 1-31-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Feb. 3/55 | NAME OF CEMETERY OR CREMATORY Moreland Mem. | LOCATION (City, town, or county) (State) Balto.

DATE REC'D BY LOCAL REGISTRAR 2-1-55 | REGISTRAR'S SIGNATURE C W Hyand | 24. FUNERAL DIRECTOR Philip Herwig Sons | ADDRESS 2024 Orleans at

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00294 CERTIFICATE OF DEATH

00292

Reg. Dist. No. 44

1. PLACE OF DEATH:
COUNTY BALTO MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) X TOWN SPARROWS POINT (19) | LENGTH OF STAY (in this place) 21 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 632 E STREET.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SPARROWS POINT (19) X
STREET ADDRESS (If rural give location) 632 E ST.

3. NAME OF DECEASED: (Type or Print) (First) FANNIE (Middle) ANNETTE (Last) RAYBOEN

4. DATE OF DEATH: (Month) 1 (Day) 24 (Year) 1955

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH: SEPT. 4, 1909

9. AGE last birthday: 45 yrs. IF UNDER 1 YEAR: Months Days | IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: SECRETARY

10b. KIND OF BUSINESS OR INDUSTRY: SHIP. BLDG. INDSTRY

11. BIRTHPLACE (State or foreign country): PENNA

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: DAVID KAHN

14. MOTHER'S MAIDEN NAME: MARY GRACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 214-20-9826

17. INFORMANT & ADDRESS: LAWRENCE RAYBOEN - 632 E ST.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 416X (a) Acute Coronary Insufficiency — Interval Between Onset And Death: 3 hrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Rheumatic Heart Disease — 5 yrs.

DUE TO

(c)

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1949, to Jan. 24, 1955, that I last saw the deceased alive on Jan 24, 1955, and that death occurred at 7:00 A.M., from the causes and on the date stated above.

SIGNATURE James I. Means (Degree or title) M.D. ADDRESS 520 DSt Balto (19)md DATE SIGNED 1/24/55

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | DATE THEREOF 1-26-55 | NAME OF CEMETERY OR CREMATORY PARKWOOD | LOCATION (City, town, or county) BALTO. CO. MD. (State)

DATE REC'D BY LOCAL REGISTRAR January 26-55 | REGISTRAR'S SIGNATURE Dawson L. Tracey

24. FUNERAL DIRECTOR Walter Burke Bradley, Dundalk, Md. ADDRESS

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

00295

00293 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS South of Mt. Vista Road Baltimore Co, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 8704 Emge Avenue #4

3. NAME OF DECEASED: (Type or Print) (First) MARGARET (Middle) H. (Last) REICHERT

4. DATE OF DEATH (Month) 1 (Day) 8 (Year) 1955

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Mar. 10, 1940

9. AGE last birthday: 14 yrs. IF UNDER 1 YEAR: Months — Days; IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): student

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore Co, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Raymond J. Reichart

14. MOTHER'S MAIDEN NAME: Helen M. Crosby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Helen M. Hiebler, 8704 Emge Avenue #4

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CRUSHING INJURY OF HEAD
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: **19b. MAJOR FINDING OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY STREET
21c. (City or town) RTE 147 - ½ Mi S of Mt Vista Rd (County) BALTO (State)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 1 - 8 - 55 10½ P.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Passenger auto into pole. (State Police)

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. T. Fisher M. D. CHIEF MEDICAL EXAMINER ☒ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 1-9-55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF Jan. 12, 1955 — NAME OF CEMETERY OR CREMATORY Moreland Memorial Park — LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. 1-10-55 — REGISTRAR'S SIGNATURE [illegible] — **24. FUNERAL DIRECTOR** Leonard J. Lucke — ADDRESS 5305 Harford Rd

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00296 **CERTIFICATE OF DEATH** Reg. Dist. No. 00294

1. PLACE OF DEATH: 23 COUNTY Baltimore MARYLAND
55 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson
LENGTH OF STAY (in this place):
66 HOSPITAL OR INSTITUTION OR STREET ADDRESS 1762 Weston Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY ~~Baltimore~~
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 4319 Hamilton Avenue

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) Mr. EDWIN C REISZ, SR

4. DATE OF DEATH: (Month) (Day) (Year) January 1 1955

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Aug. 3, 1896
9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Time Keeper
10B. KIND OF BUSINESS OR INDUSTRY: Bethlehem Steel Co
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Conrad Reisz
14. MOTHER'S MAIDEN NAME: Mary Bonnett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 216-01-7107
17. INFORMANT & ADDRESS: Mrs. Margaret E. Reisz, 4319 Hamilton Ave.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) Coronary Occlusion

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C) Cerebral Art. C.V.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Chronic Cholecystitis

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... , 1955, to Jan 1, 1955, that I last saw the deceased alive on Dec. 1, 1954, and that death occurred at 10 P. M, from the causes and on the date stated above.

SIGNATURE [signature] ADDRESS M.D. 4718 [illegible] DATE SIGNED Jan. 3 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Jan. 5, 1955
NAME OF CEMETERY OR CREMATORY Parkwood Cemetery
LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 1-7-55
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR ADDRESS Leonard J. Puck, 5305 Harford Road #14

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Haase
Harford Terrace

(4)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00295

00179

CERTIFICATE OF DEATH

Reg. Dist. No. 42

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
   COUNTY: BALTIMORE — MARYLAND
   CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): ARBUTUS
   LENGTH OF STAY (in this place): 70 yrs
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: 923 LEEDS AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE: MD. COUNTY: BALTO.
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ARBUTUS
   STREET ADDRESS (If rural give location): 923 LEEDS AVE.

3. NAME OF DECEASED. (Type or Print): (First) ALBERT (Middle) (Last) RHEB

4. DATE OF DEATH: (Month) JAN. (Day) 16 (Year) 1955

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): WIDOWER

8. DATE OF BIRTH: APR. 14, 1865

9. AGE last birthday: 89 yrs
   IF UNDER 1 YEAR: Months / Days
   IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED

10B. KIND OF BUSINESS OR INDUSTRY: BAKER

11. BIRTHPLACE (State or foreign country): WASHINGTON D.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: LOUIS RHEB

14. MOTHER'S MAIDEN NAME: LOUISE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: MISS GERTRUDE L. RHEB, 923 LEEDS AVE

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

IMMEDIATE CAUSE (A) Cerebral [illegible] — INTERVAL BETWEEN ONSET AND DEATH: 12 hours

ANTECEDENT CAUSE (B) DUE TO [illegible] — ?

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. [illegible] — 50%

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 9, 19 55, to Jan 15, 19 55, that I last saw the deceased alive on Jan 13, 19 55, and that death occurred at 10:45 P.M., from the causes and on the date stated above.

SIGNATURE [illegible] M.D. ADDRESS 4001 [illegible] DATE SIGNED 1-17-55

23 BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	JAN 18/55	LOUDON PARK	BALTO. MD.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR	ADDRESS
1-18-55	A W Heinz	Harry H. Wittstadt	4101 EDMONDSON AVE.

00297

00296

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same 14yrs | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Upper Falls. Md

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Balto.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Upper Falls. X
STREET ADDRESS (If rural, give location) Raphael Rd 1

3. NAME OF DECEASED: (Type or Print) (First) Lulu (Middle) May (Last) Richards
4. DATE OF DEATH (Month) Jan (Day) 23 (Year) 1956
5. SEX: Fem
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Mar 13/1882
9. AGE last birthday: 73 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pa.
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: Joseph Sickler
14. MOTHER'S MAIDEN NAME: Ida Carey.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: John E. Richards (Husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) Jan (Day) 23 (Year) 56 (Hour) 11 A.M. P.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE M L Carmine M.D.
~~CHIEF MEDICAL EXAMINER~~ DEPUTY MEDICAL EXAMINER ~~ASSISTANT MEDICAL EXAM.~~
DATE SIGNED 1/23/56

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Jan 26 1956
NAME OF CEMETERY OR CREMATORY Mountain Christian
LOCATION (City, town, or county) (State) Joppa, Hd Md
DATE REC'D BY LOCAL REG. 1/27/56
REGISTRAR'S SIGNATURE Walter Hammett
24. FUNERAL DIRECTOR W. H. Archer
ADDRESS Benson Md

mab.

VS. A15A - 5 - 53

RECEIVED
JAN 28
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00297

00298

CERTIFICATE OF DEATH

Reg. Dist. No 44

1. PLACE OF DEATH:
COUNTY Baltimore | MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Middle River | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS RT # 15 Box 324 Holly Tree Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River 20 X
STREET ADDRESS (If rural give location) Holly Tree Rd - RT 15 Box 324

3. NAME OF DECEASED: (Type or Print) (First) Mr (Middle) Joseph B (Last) Riley

4. DATE OF DEATH: (Month) JAN (Day) 25 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: JAN. 20, 1881

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): ENGINEER - CANTON R.R. RET

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore - Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John A. Riley

14. MOTHER'S MAIDEN NAME: Mary Jane McCarthy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 705-10-9182

17. INFORMANT & ADDRESS: Mrs. Carrie C. Riley - SAME

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

181X

Immediate cause (a) Carcinoma of bladder DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec ..., 19 54, to Jan ..., 19 55, that I last saw the deceased alive on 1-25, 1955, and that death occurred at 1 A M, from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Dr Irwin Bomboy M.D. 805 Timelope Ave

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF JAN 29 1955 | NAME OF CEMETERY OR CREMATORY Holy Redeemer | LOCATION (City, town, or county) (State) BALTIMORE - Md

DATE REC'D BY LOCAL REGISTRAR 1-22-55 | REGISTRAR'S SIGNATURE Dr. Frederick Dress | 24. FUNERAL DIRECTOR Leonard J Ruck | ADDRESS 5305 Harford Rd

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

DR. MARVIN ROMBRO
805 Fuselage Ave
6-8 Tues

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00298

00299

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
55 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson
LENGTH OF STAY (in this place)
00 HOSPITAL OR INSTITUTION OR STREET ADDRESS 800 Weatherbee Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural give location) 800 Weatherbee Road

3. NAME OF DECEASED: (Type or Print) (First) Mrs. (Middle) Catherine Elizabeth (Last) Rimbach

4. DATE OF DEATH: (Month) (Day) (Year) January 1st 19 55

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Dec. 26, 1870

9. AGE last birthday: 84 yrs
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Arnreich

14. MOTHER'S MAIDEN NAME: Louisa Rudolph

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs. Marie L. Clegg, 800 Weatherbee Road #4

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 days.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO arteriosclerotic Cardio-vascular Disease. — years.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-30-1954 to 1-1-1955, that I last saw the deceased alive on 12-31-1954, and that death occurred at 4 30 a.M, from the causes and on the date stated above.

SIGNATURE Arthur Karlan M.D. ADDRESS 532 Harmwood Rd. DATE SIGNED 1-3-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: Jan. 4, 1955

NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cemetery

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 1-3-55

REGISTRAR'S SIGNATURE: A W Hedrick

24. FUNERAL DIRECTOR: Leonard J. Ruck ADDRESS: 5305 Harford Road #14

Dr. Karfgin
Northwood

00300

Item 18 Film 6176 1-31 55 ams

00299
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 1

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 16yr. 9mo. 30days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sprin Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1345 S. Clinton Street

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Dorothy		Robinette	January 19, 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Single	7-6-1906	48 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
None		Maryland	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John H. Robinette	Gertrude Harig

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	Unknown	Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

4-21

Immediate cause (a) Pleural Effusion, Bilateral due to

DUE TO (b) Myocardial Infarction due to Pending

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — DUE TO (c) Coronary & general arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21e. INJURY OCCURRED While at work ☐ Not while at work ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Leo F. McKiffen M. D. 1010 Cathedral — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ — DATE SIGNED 1-19-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/20/55	New Cathedral	Edmondson Ave Balto. Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-21-55	C. W. Patrick	Leonard J. Pack	5305 Harford Rd

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH

00300

00301

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pasadena, Md. LENGTH OF STAY (in this place) 8 mo.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto. 21
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bon Secours Hospital	STREET ADDRESS (If rural give location) 815 S. Ann St.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Era	Rossmark	Ross MARK	1	7	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W		6-14-1870	84 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Va.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOHN WEBER	KATHERINE KEHRES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Mrs. D. Lamm

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Coronary Insufficiency	4 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic H.D.	3 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July 1, 1953, to Jan 7, 1955, that I last saw the deceased alive on Jan 7, 1955, and that death occurred at 4:22 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James G. Means	M.D.	520 D St. Balto 19	1-10

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
BURIAL	1/11/55	OAKLAWN	BALTIMORE	MD

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-10-55	Ford Hedrick	Klauenz F. Hoffmann	2219 Lake ave

VS. A15

00302

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00301 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: FORK Md
LENGTH OF STAY (in this place): LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS: HARFORD Rd. FORK Md

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY BALTO.
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: FORK Md.
STREET ADDRESS (If rural, give location): FORK Md

3. NAME OF DECEASED: (First) ELMER (Middle) (Last) SAMPLE
4. DATE OF DEATH: (Month) 1 - 8 (Day) (Year) 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
M.	W.	SINGLE	6/25/37	17 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
FARMER		FORK Md	U.S.A

13. FATHER'S NAME: EVERETT H. SAMPLE
14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
—	—	FATHER FORK Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) CRUSHED HEAD — Interval between onset and death:
DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc.), INJURY: STREET
21c. (City or town) (County) (State): BALTO. CO. - RTE 147 - ½ Mi. S of MT. VISTA RD.
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY: 1 - 8 - 55 10½ P.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? PASSENGER - AUTO INTO POLE

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R H Fisher M. D.
CHIEF MEDICAL EXAMINER ☒
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 1-9-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	1/12/55	FORK METHODIST CEM.	FORK Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 12-55	C. E. Arthur	C.E. ARTHUR	FORK Md.

D.F.

00303

Reg. Dist. 5

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Fork Md
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Fork Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Fork Md
STREET ADDRESS (If rural, give location) "

3. NAME OF DECEASED: (First) William (Middle) E (Last) SAMPLE JR.
4. DATE OF DEATH (Month) 1 (Day) 8 (Year) 19 55

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 3/16/1935
9. AGE last birthday: 19 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Balto Co Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Everett H.
14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Father Fork Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) CRUSHING INJURY OF HEAD DUE TO INJURY STREET

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY STREET
21c. (City or town) (County) (State) BALTO. CO. RTE 147 - ½ MI S. of MT. VISTA RD
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 1 - 8 - 55 - 10 P.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? DRIVER - AUTO INTO POLE

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE B. F. Fisher M. D.
CHIEF MEDICAL EXAMINER ☒
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 1-9-55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 1/12/55
NAME OF CEMETERY OR CREMATORY Fork Methodist Cem.
LOCATION (City, town, or county) (State) Fork Md

DATE REC'D BY LOCAL REG. Jan 12-55
REGISTRAR'S SIGNATURE C. S. Arthur D. L.
24. FUNERAL DIRECTOR C. E. Tucker
ADDRESS Fork Md

VS. A15A - 5 - 53

00171

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00303

CERTIFICATE OF DEATH

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY 03 Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 53 — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5C

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY 05
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS 1975 Snyder (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Wi. (Last) Sexton Sr

4. DATE OF DEATH: (Month) Jan (Day) 5/5? (Year) 19

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): wid

8. DATE OF BIRTH: Jan 31 1868

9. AGE last birthday: 86 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): mine pumper ret

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Kentucky

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Don't know

14. MOTHER'S MAIDEN NAME: Don't know

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Willie Sexton 1927 Snyder Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease — Interval Between Onset and Death: 6 weeks

(c) Gangrene of left foot

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) Balto (COUNTY) Balto (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-27, 1954, to 12-27, 1954, that I last saw the deceased alive on 12-27, 1954, and that death occurred at 2:30 P m., from the causes and on the date stated above.

SIGNATURE: Daniel L. Zolis (Degree or title) M.D. ADDRESS: 1942 Cedar Lane DATE SIGNED: 1-7-55

23. BURIAL, CREMATION REMOVAL (Specify): Removal — DATE: 1/6/55 — NAME OF CEMETERY OR CREMATORY: Loudon Cem — LOCATION (City, town, or county) (State): Wyoming Co W Va

DATE REC'D BY LOCAL REG.: Jan 6 - 1955 — REGISTRAR'S SIGNATURE: William M. Kelly

24. FUNERAL DIRECTOR: Welsh Funeral Home — ADDRESS: 2112 Dundalk Ave

BUREAU V. 8

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00304 **CERTIFICATE OF DEATH** Reg. Dist. No. 00304

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X Fort Howard
LENGTH OF STAY (in this place): 3 Days
50 HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 2125 Llewelyn Avenue

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) J (Last) SHAW

4. DATE OF DEATH: (Month) January (Day) 1, (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 9/12/8[illegible]

9. AGE last birthday: [illegible] yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Abootsburg, N.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

32/X

IMMEDIATE CAUSE (A) CEREBRO-VASCULAR ACCIDENT — INTERVAL BETWEEN ONSET AND DEATH: 4 DAYS

ANTECEDENT CAUSE (S) DUE TO HYPERTENSION, ESSENTIAL — UNKNOWN

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. OLD HEMIPLECIA

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21A. ACCIDENT WAS UNDERLYING [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work [ ] Not while at work [ ]

21F. HOW DID INJURY OCCUR?

22. I hereby certify that X attended the deceased from Dec. 29, 1954, to Jan. 1, 1955 that I last saw the deceased alive on [illegible], 19[illegible], and that death occurred at 12:35 PM, from the causes and on the date stated above.

SIGNATURE: JAMES J. NOLAN, James J Nolan M.D. ADDRESS: VAH, Fort Howard, Md. DATE SIGNED: 1/2/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 1/5/1955 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR: 1-3-55 — REGISTRAR'S SIGNATURE: A W Hadyock

24. FUNERAL DIRECTOR ADDRESS: Arlington S. Phillips Funeral Home 1808 N. Monroe St. Baltimore, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00305

00305 **CERTIFICATE OF DEATH** Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 12 Rosewood State Tr. School

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Delaware COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Castle 46 X-3
STREET ADDRESS (If rural give location) 11 McMullin Avenue, Apt. #1

3. NAME OF DECEASED: (Type or Print) (First) Ronnie (Middle) Lynn (Last) Shaw

4. DATE OF DEATH: (Month) Jan. (Day) 19 (Year) 19 55

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 12/16/53

9. AGE last birthday: 1 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Kenneth Bernard Shaw

14. MOTHER'S MAIDEN NAME: Mamie Esther Easton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —— (If Yes, give war or dates of service) ——

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Rosewood Records Owings Mills, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CONGENITAL HEART DISEASE DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: Life

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/27 ..,19 54., to 1/19/ ..., 19 55, that I last saw the deceased alive on 1/19/ ..., 19 55, and that death occurred at 7:30 p.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) Harry S. Butler M.D. ADDRESS DATE SIGNED 20 Jan 55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 1/22/55

NAME OF CEMETERY OR CREMATORY Graceland Mem. Park

LOCATION (City, town, or county) (State) Wilmington N.C. Dela.

DATE REC'D BY LOCAL REGISTRAR Jan. 20, 1955

REGISTRAR'S SIGNATURE Dorothy A. Newell

24. FUNERAL DIRECTOR F. H. Newell ADDRESS Pikesville, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00306 **CERTIFICATE OF DEATH** Reg. Dist. No. 00396

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Balto MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Upper Falls; LENGTH OF STAY (in this place) 40 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Upper Falls.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Falls Md X; STREET ADDRESS (If rural give location) Upper Falls

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) B. (Last) Sheppard.

4. DATE OF DEATH: (Month) Jan (Day) 16 (Year) 1955

5. SEX: F. 6. COLOR OR RACE: W. 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed 8. DATE OF BIRTH: Jan 13-1870 9. AGE last birthday 85 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home 10B. KIND OF BUSINESS OR INDUSTRY: At Home 11. BIRTHPLACE (State or foreign country): Harford Co. Md 12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Patrick Sheppard 14. MOTHER'S MAIDEN NAME: Anastasia Bradley Quinn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service) 16. SOCIAL SECURITY NO. None 17. INFORMANT & ADDRESS: J. Bradley Sheppard Upper Falls

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

156.1

IMMEDIATE CAUSE (A) DUE TO Carcinoma of Liver 8 mths

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ 21F. HOW DID INJURY Ooccur?

22. I hereby certify that I attended the deceased from Jan 5, 1954 to Jan 10, 1955; that I last saw the deceased alive on Jan 16, 1955, and that death occurred at 5:30 A M, from the causes and on the date stated above.

SIGNATURE Walter McAmmett M. D. ADDRESS Baldwin DATE SIGNED Jan 16-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial DATE THEREOF Jan 18-55 NAME OF CEMETERY OR CREMATORY St Stephens Cem LOCATION (City, town, or county) (State) Bradshaw Md

DATE REC'D BY LOCAL REGISTRAR 1-16-55 REGISTRAR'S SIGNATURE Wm McAmmett 24. FUNERAL DIRECTOR Coppel Bros. ADDRESS 7110 Belair Rd

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

00180

Reg. Dist. No. 00307 42

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the names of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1000 Leeds Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Arbutus
STREET ADDRESS (If rural, give location) 1000 Leeds Ave

3. NAME OF DECEASED: (First) Samuel F. (Middle) Shreve (Last)

4. DATE OF DEATH: (Month) Jan. (Day) 16, (Year) 1955

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 6, 1878

9. AGE last birthday: 76 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: US Dept. Agriculture

11. BIRTHPLACE (State or foreign country): Wash. D.C.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: William O. Shreve

14. MOTHER'S MAIDEN NAME: Ann M. Mann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no
(If Yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: no

17. INFORMANT & ADDRESS: Grace N. Shreve, 1000 Leeds Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

177X

Immediate cause (a) Carcinoma of Prostate & Metastases — INTERVAL BETWEEN ONSET AND DEATH: 9 yrs.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Jan 1946

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Prostate

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 5, 1954, to Jan 16, 1955, that I last saw the deceased alive on Jan 13, 1955, and that death occurred at 1035 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Earl Pass M.D. ADDRESS 4001 Wilkens Ave DATE SIGNED 1-17-55

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 1-19-55

NAME OF CEMETERY OR CREMATORY Cedar Hill

LOCATION (City, town, or county) (State) Wash. D.C.

DATE REC'D BY LOCAL REG. 1-18-55

REGISTRAR'S SIGNATURE A W Hedrick

24. FUNERAL DIRECTOR ADDRESS Howard H. Hubbard, 4107 Wilkens Ave.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

00307 — Reg. Dist. No. 00308

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: 03 COUNTY Balto — MARYLAND
X CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lutherville — LENGTH OF STAY (in this place) ?
00 HOSPITAL OR INSTITUTION OR STREET ADDRESS College Manor

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Balto 02
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Garrison — X
STREET ADDRESS (If rural give location) Valley Road — 1

3. NAME OF DECEASED: (Type or Print) (First) Richard (Middle) Ragan (Last) Spencer
4. DATE OF DEATH: (Month) Jan (Day) 6 (Year) 1955

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: July 18 1875
9. AGE last Birthday: 79 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Retired
10b. KIND OF BUSINESS OR INDUSTRY: Printing
11. BIRTHPLACE (State or foreign country): Balto. Co. Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jervis Spencer
14. MOTHER'S MAIDEN NAME: Elizabeth Elder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Mrs. Spencer Brown — Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocarditis — Interval Between Onset And Death: 6 or 8 yrs.
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Mesaortic arteriosclerosis — 6 years.
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes — No X

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 48 ,19 .., to Jan 6 ,19 56. , that I last saw the deceased alive on Jan 5 ., 19 55, and that death occurred at 11 A.M. ., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Palmer F.C. Williams M.D. Pikesville 8. Md. Jan 7. 55.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Jan 8 1955 — NAME OF CEMETERY OR CREMATORY: St Thomas — LOCATION (City, town, or county) (State): Garrison Forest Md

DATE REC'D BY LOCAL REGISTRAR: 1-7-55 — REGISTRAR'S SIGNATURE: A W Adkins — FUNERAL DIRECTOR — ADDRESS: L.H. Jenkins Sons & 901 York Rd

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00309

00308

Item 3, Film C177, 2/9/55, fcy

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 4 Hrs.50Min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 3Y01-4
STREET ADDRESS (If rural give location) 737 W. Lexington Street

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) J. (Last) Stankavech STANKAVECK or/

4. DATE OF DEATH: (Month) January (Day) 30 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: March 4, 1884

9. AGE last birthday 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Handyman

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Russia

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Charles Stankaveck

14. MOTHER'S MAIDEN NAME: Annie MN: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO. 220-09-6192

17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm.Hosp.,Fort Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4 4 3 X
IMMEDIATE CAUSE (A) HYPERTENSIVE CARDIOVASCULAR DISEASE — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO OBESITY — UNKNOWN

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID (City or town) INJURY OCCUR? (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY VA M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR? 8:30 P.M.

22. I hereby certify that I attended the deceased from Jan. 29, 1955, to Jan. 30, 1955, and that death occurred at 1:20 AM, from the causes and on the date stated above.

SIGNATURE William B. VandeGrift, M.D. ADDRESS M. D. VAH, Fort Howard, Maryland DATE SIGNED 1-31-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Feb. 2, 1955 | NAME OF CEMETERY OR CREMATORY Baltimore National Cem. | LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 2-1-55 | REGISTRAR'S SIGNATURE G. H. Pedrick | 24. FUNERAL DIRECTOR ADDRESS Wm.Cook-Blight Inc. Funeral Home 6009 Harford Road, Baltimore 14, Md.

MARYLAND 00309

00310

STATE DEPARTMETT OF HEALTH

CERTIFICATE OF DEATH

Reg. Dist. No. 1-6-()

1. PLACE OF DEATH
03 COUNTY Baltimore MARYLAND
X CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glencoe
LENGTH OF STAY (In this place) 4 yrs
00 HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Baltimore 03
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
STREET ADDRESS (If rural, give location) Glencoe, Maryland

3. NAME OF DECEASED (Type or Print) (First) Eleanora (Middle) Fulton (Last) Sutherland

4. DATE OF DEATH (Month) JAN (Day) 5 (Year) 1955

5. SEX F | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH 16 Aug 1909 | 9. AGE last birthday 45 yrs. | If under 1 year Months | Days | If under 24 hr Hours | Min

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Baltimore, Md | 12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME Edward Albers

14. MOTHER'S MAIDEN NAME Ellen Fulton Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS G. Ashton Sutherland, Glencoe, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac decompensation

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Mitral stenosis

(c) Rheumatic Heart disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 July, 1954, to 5 JAN, 1955, that I last saw the deceased alive on 5 JAN, 1955, and that death occurred at 1:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Thos. A. Moseley Jr. M.D. Cockeysville, Md. 5 JAN 1955

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE Jan 8 1955 | NAME OF CEMETERY OR CREMATORY Parish Cemetery | LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. 1-6-55 | REGISTRAR'S SIGNATURE L | 24. FUNERAL DIRECTOR ADDRESS Wm. J. Tickner & Sons - Balto, Md.

MARGIN RESERVED FOR BINDING

I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00311

CERTIFICATE OF DEATH

Reg. Dist. No. 43

00310

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Overlea
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 11 Willow Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Overlea
STREET ADDRESS (If rural give location) 11 Willow Avenue

3. NAME OF DECEASED: (Type or Print) (First) Mrs. (Middle) Elizabeth M. (Last) Swagler

4. DATE OF DEATH: (Month) January (Day) 14 (Year) 19 55

5. SEX: female | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed | 8. DATE OF BIRTH: Oct. 17, 1888 | 9. AGE last birthday: 66 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Dieter
14. MOTHER'S MAIDEN NAME: Mary Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Mr. William F. Swagler, 11 Willow Avenue#6

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 4 weeks

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 11, 19 54 to Jan. 14, 1955, that I last saw the deceased alive on Jan 10, 1955, and that death occurred at 11.30 M, from the causes and on the date stated above.

SIGNATURE Lauretta Fisher M. D. ADDRESS DATE SIGNED Jan 14/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial | DATE THEREOF: Jan.17,1955 | NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cemetery | LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 1-17-55 | REGISTRAR'S SIGNATURE: A W Hedrick

24. FUNERAL DIRECTOR ADDRESS: Leonard J. Ruck, 5305 Harford Road #14

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

Dr. Jacob Fisher
3422 Belair Road
7 - 8 Friday.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00312

00311

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): 52 Catonsville
LENGTH OF STAY (in this place): 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 122 Arbutus Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
STREET ADDRESS (If rural give location): 122 Arbutus Ave.

3. NAME OF DECEASED: (First) KONRAD (Middle) (Last) THIEBES

4. DATE OF DEATH: (Month) (Day) (Year) JANUARY 26, 1955.

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED

8. DATE OF BIRTH: Aug. 24, 1896.

9. AGE last birthday: 58 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): DELICATESSEN

10B. KIND OF BUSINESS OR INDUSTRY: OWN BUSINESS

11. BIRTHPLACE (State or foreign country): GERMANY

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Thiebes

14. MOTHER'S MAIDEN NAME: Helen Kraut

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service) — — —

16. SOCIAL SECURITY NO.: 215-14-5507

17. INFORMANT & ADDRESS: Mrs. Margaret Thiebes, 122 Arbutus Ave, Catonsville, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X
IMMEDIATE CAUSE (A) Carcinomatosis

ANTECEDENT CAUSE (B) DUE TO Carcinoma of the Colon

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH
unknown
unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: June 30 1954
19B MAJOR FINDINGS OF OPERATION: John Hopkins Hospital - Carcinoma of Colon

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 19, 1955 to Jan 26, 1955, that I last saw the deceased alive on 1/19, 1955, and that death occurred at 5:45 AM, from the causes and on the date stated above.

SIGNATURE Mortal Lunsford M. D.
ADDRESS 11 E. Chase St
DATE SIGNED 1/27/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL
DATE THEREOF: 1/29/55.
NAME OF CEMETERY OR CREMATORY: New Cathedral Cemetery
LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR: 1-27-55
REGISTRAR'S SIGNATURE: V. E. Harry
24. FUNERAL DIRECTOR: Easton Sons
ADDRESS: Catonsville 28, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

JAN
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00313

00313 **CERTIFICATE OF DEATH** Reg. Dist. No. 4P

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Fort Howard
LENGTH OF STAY (in this place) 159 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5c Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3701-4
STREET ADDRESS (If rural give location) 2203 W. Saratoga St.

3. NAME OF DECEASED: (First) CHARLES (Middle) E. (Last) TRAVERS
4. DATE OF DEATH: (Month) January (Day) 29 (Year) 1955
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH: 10/8/86
9. AGE last birthday 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Thomas Travers
14. MOTHER'S MAIDEN NAME: Sarah Smith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-I
16. SOCIAL SECURITY NO. 218-07-6489 ~~Unknown~~ XXX
17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
IMMEDIATE CAUSE (A)	CEREBRAL INFARCT, LEFT	UNKNOWN
ANTECEDENT CAUSE (B) DUE TO	THROMBUS OPPOSITE ARTERIOSCLEROTIC PLAQUE	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO	~~XXX~~ LEFT MIDDLE CEREBRAL ARTERY	UNKNOWN
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		

M 32X

19A. DATE OF OPERATION: 1-7-55
19B. MAJOR FINDINGS OF OPERATION: DISARTICULATION, RIGHT HIP FOR FLEXURE CONTRACTURES
20. AUTOPSY? YES XX NO ☐
21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from Aug. 23, 1955 to Jan. 29, 1955 ~~XXXX XX XXX XXX XXXXXX~~ and that death occurred at 3:50P M, from the causes and on the date stated above.

~~XXXXXXXXXXXXXXXXXXXXXXXXXXXX~~ SIGNATURE William R. Vandegrift M. D.
ADDRESS VAH, Fort Howard, Md.
DATE SIGNED 1/30/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 2-2-55
NAME OF CEMETERY OR CREMATORY Arbutus Memorial Park
LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 2-2-55
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR ADDRESS Charles G. Cooper Funeral Home 512 N. Carrollton Ave. Balto, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00314

00313 **CERTIFICATE OF DEATH** Reg. Dist. No. 4 4

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Fort Howard
LENGTH OF STAY (in this place) 23 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3 W. 4
STREET ADDRESS (If rural give location) 424 W. Biddle Street

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) H. (Last) UNDERWOOD

4. DATE OF DEATH (Month) January (Day) 23, (Year) 19 55

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single
8. DATE OF BIRTH: August 31, 1886
9. AGE last birthday 68 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tailor
10B. KIND OF BUSINESS OR INDUSTRY: Tailor Shop
11. BIRTHPLACE (State or foreign country): Long Vance, New Jersey
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William Underwood
14. MOTHER'S MAIDEN NAME: Alice MN: Conrow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-I
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm.Hospital,Ft. Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0
IMMEDIATE CAUSE (A) IRREVERSIBLE SHOCK
ANTECEDENT CAUSE (S) DUE TO DISARTICULATION LEFT HIP — 3 DAYS
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO ARTERIOSCLEROTIC HEART DISEASE WITH AURICULAR FIBRILLATION — UNKNOWN
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Multiple decubitus ulcers with purulent infection of left hip — Unknown

19A. DATE OF OPERATION 1-20-55
19B. MAJOR FINDINGS OF OPERATION Disarticulation, left hip for abscess
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 31, 1954, to Jan. 23, 1955, that I last saw the deceased alive on [illegible], and that death occurred at 11:45 M, from the causes and on the date stated above.
SIGNATURE Joseph M. Miller M.D. ADDRESS VAH, FORT HOWARD, MD. DATE SIGNED 1-25-55
JOSEPH M. MILLER, M.D. Chief, Surgical Service

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Jan. 26, 1955
NAME OF CEMETERY OR CREMATORY Baltimore National Cem.
LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 1-26-55
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR ADDRESS Wm.Cook-Blight, Inc. Funeral Home 6009 Harford Road, Baltimore 14, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00315

00314 CERTIFICATE OF DEATH Reg. Dist. No. 44

1. PLACE OF DEATH
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) FORT HOWARD
LENGTH OF STAY (in this place) 21 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BALTIMORE
STREET ADDRESS (If rural give location) 1615 E. PRESTON STREET

3. NAME OF DECEASED: (Type or Print) (First) EUGENE (Middle) S. (Last) VENTA

4. DATE OF DEATH: (Month) JANUARY (Day) 6 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: COLORED

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: 10-13-84

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CLERK

10B. KIND OF BUSINESS OR INDUSTRY: POST OFFICE

11. BIRTHPLACE (State or foreign country): LEESBURG, VIRGINIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: THOMPSON VENIA

14. MOTHER'S MAIDEN NAME: ALICE JACKSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW I-II

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: CLIN.REC., VET.ADM.HOSP., FT.HOWARD, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) HYPERTENSIVE CARDIOVASCULAR DISEASE — UNKNOWN

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

VA

22. I hereby certify that I attended the deceased from DEC. 16, 1954, to JAN. 6, 1955, and that death occurred at 5:15 A M, from the causes and on the date stated above.

SIGNATURE: WILLIAM B. VANDEGRIFT ADDRESS: M.D. VAH, FORT HOWARD, MD DATE SIGNED: 1-6-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial DATE THEREOF: 1/10/1955 NAME OF CEMETERY OR CREMATORY: BALTIMORE NATIONAL LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR: 1-7-55 REGISTRAR'S SIGNATURE: C W Hedrick

24. FUNERAL DIRECTOR ADDRESS: ARLINGTON S. PHILLIPS, 1808 N. MONROE ST BALTO. 17, MD

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00316

00315 CERTIFICATE OF DEATH Reg. Dist. No. 30

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A11—10-53

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 52 Catonsville
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Ridgeway Manor

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 3V
STREET ADDRESS (If rural give location) 346 Rosebank Ave

3. NAME OF DECEASED: (Type or Print) (First) Alice (Middle) Simpson (Last) Vicker

4. DATE OF DEATH: (Month) Jan. (Day) 6 (Year) 1955

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed | 8. DATE OF BIRTH: Dec. 2, 1867 | 9. AGE last birthday 87 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Scranton, Penna.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Simpson
14. MOTHER'S MAIDEN NAME: Frances Eugenia Crippen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS. Mrs. Jeanne V. Dorsey, 346 Rosebank Ave. Baltimore, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Congestive Heart failure — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Arteriosclerosis — ?

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Extreme Malnutrition Pulmonary Congestion

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JAN. 3, 1955, to JAN. 6, 1955 that I last saw the deceased alive on JAN. 5, 1955, and that death occurred at 4:15 P. M, from the causes and on the date stated above.

SIGNATURE J. Nelson McKay M.D. ADDRESS 6014 EDMONDSON AVE. DATE SIGNED 1/7/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal | DATE THEREOF Jan. 7, 1955 | NAME OF CEMETERY OR CREMATORY Dunmore Cemetery | LOCATION (City, town, or county) (State) Scranton, Pa

DATE REC'D BY LOCAL REGISTRAR 1/10/55 | REGISTRAR'S SIGNATURE Vic. Harry mk

24. FUNERAL DIRECTOR Wm J. Hickner & Sons ADDRESS Baltimore, Md

RECEIVED
JAN 12 1955
BUREAU V. S.

(4)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00317

CERTIFICATE OF DEATH

00316 Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN 52 Catonsville
LENGTH OF STAY (in this place) 22 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 14 Spring Grove Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 3W 1-4
STREET ADDRESS (If rural give location) 1625 Bolton St

3. NAME OF DECEASED: (Type or Print) (First) Lawrence (Middle) (Last) Vinson

4. DATE OF DEATH: (Month) (Day) (Year) Jan 29 1955

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.
8. DATE OF BIRTH: 7/30/06
9. AGE last birthday: 48 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Welder
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): W. Va.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lace Vinson
14. MOTHER'S MAIDEN NAME: Edna Belle Maynard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 232-18-4170.
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

472X
IMMEDIATE CAUSE (A) Pneumonia - atypical — INTERVAL BETWEEN ONSET AND DEATH: 10 days
DUE TO

ANTECEDENT CAUSE (B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B)
DUE TO

(026X) (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Central Nervous System Syphilis Years

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 4, 1953 to Jan 29, 1955, that I last saw the deceased alive on Jan 29, 1955, and that death occurred at 11:20 P M, from the causes and on the date stated above.
SIGNATURE Frederick E. Phillips M. D. ADDRESS Spring Grove Hospital DATE SIGNED 1/29/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF FEB. 2/55
NAME OF CEMETERY OR CREMATORY MEADOWRIDGE
LOCATION (City, town, or county) (State) DORSEY, AA CO. MD.

DATE REC'D BY LOCAL REGISTRAR 2-1-55
REGISTRAR'S SIGNATURE C. K. Hedrick
24. FUNERAL DIRECTOR Harry H. Smith ADDRESS 4101 EDMONDSON AVE.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0,0318

00317 **CERTIFICATE OF DEATH** Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville BALTIMORE
LENGTH OF STAY (In this place) 2 MONTHS
14 HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRING GROVE HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
STREET ADDRESS (If rural give location) 423 YALE

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) W. (Last) WALLACE
4. DATE OF DEATH: (Month) JAN. (Day) 9 (Year) 1955
5. SEX: M
6. COLOR OR RACE: W
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED~~ (Specify): W
8. DATE OF BIRTH: June 29, 1880
9. AGE last birthday 74 yrs.
IF UNDER 1 YEAR: Months ____ Days ____
IF UNDER 24 HRS.: Hours ____ Min. ____

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INSPECTOR
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: GEORGE W. WALLACE
14. MOTHER'S MAIDEN NAME: ANNA MARINA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) UNK. (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 714-05-6621
17. INFORMANT & ADDRESS: MRS. LOTTIE F FULLER 423 YALE AVE, BALTIMORE 29 MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

3.3.2 X

IMMEDIATE CAUSE (A) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arteriosclerosis, general + cerebral. — unknown.

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 18, 1954 to Jan 9, 1955 that I last saw the deceased alive on Jan 9th, 1955, and that death occurred at 3 45 A.M, from the causes and on the date stated above.

SIGNATURE Ben Blackman M.D. ADDRESS Spring Grove Hosp. DATE SIGNED 1/9/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 1/12/55
NAME OF CEMETERY OR CREMATORY Lorraine Park Cem.
LOCATION (City, town, or county) (State) Woodlawn, Md.

DATE REC'D BY LOCAL REGISTRAR 1-10-55
REGISTRAR'S SIGNATURE A.W. Hopkins
24. FUNERAL DIRECTOR Wm. J. Tuleneo & Sons ADDRESS Baltimore 17 Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND

STATE DEPARTMETT OF HEALTH

00319

CERTIFICATE OF DEATH

00318

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE
LENGTH OF STAY (in this place) 2 MO.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1219 McADOO AVE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE
STREET ADDRESS (If rural, give location) 1219 McADOO AVE.

3. NAME OF DECEASED (Type or Print): (First) MARGUERITE (Middle) N. (Last) WALLS

4. DATE OF DEATH: (Month) JAN. (Day) 19 (Year) 1955

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: JUL. 12, 1899

9. AGE last birthday: 55 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H.W.

10b. KIND OF BUSINESS OR INDUSTRY: O.H.

11. BIRTHPLACE (State or foreign country): PA.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: NEUTON CLARK

14. MOTHER'S MAIDEN NAME: MINNIE DOYLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: MR. DAVID WALLS, 1219 McADOO AVE.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1637

Immediate cause (a) Squamous Cell Carcinoma Rt Lung (Met) Lung

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)....

(c)....

INTERVAL BETWEEN ONSET AND DEATH: Years 1, Months 4

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension 1 Yrs

19a. DATE OF OPERATION: 11/30/54

19b. MAJOR FINDINGS OF OPERATION: Squamous Cell Carcinoma Rt Lung

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 1950, to Jan., 1955, that I last saw the deceased alive on Jan 19, 1955, and that death occurred at 11 P.m., from the causes and on the date stated above.

SIGNATURE L. G. Lally M.D. (Degree or title) ADDRESS 3517 Edmondson Ave DATE SIGNED Jan 21 55

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE: JAN. 22/55

NAME OF CEMETERY OR CREMATORY: LORRAINE PARK

LOCATION (City, town, or county) (State): WOODLAWN MD.

DATE REC'D BY LOCAL REG. 1-22-55

REGISTRAR'S SIGNATURE V. E. Harry

24. FUNERAL DIRECTOR: Harry K. Nuttle ADDRESS 4101 EDMONDSON AVE.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00320

00319

CERTIFICATE OF DEATH

Reg. Dist. No. 44

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
   - COUNTY: BALTIMORE
   - CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X FORT HOWARD
   - MARYLAND
   - LENGTH OF STAY (in this place): 10 DAYS
   - HOSPITAL OR INSTITUTION OR STREET ADDRESS: VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
   - STATE: MARYLAND
   - COUNTY:
   - CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BALTIMORE
   - STREET ADDRESS (If rural give location): 3519 THIRD STREET

3. NAME OF DECEASED: (First) HARRY (Middle) R. (Last) WALTER

4. DATE OF DEATH: (Month) JANUARY (Day) 27 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED

8. DATE OF BIRTH: 5-12-96

9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TAILOR

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND

12. CITIZEN OF WHAT COUNTRY? U. S. A

13. FATHER'S NAME: UNKNOWN

14. MOTHER'S MAIDEN NAME: CATHERINE WALLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. 217-12-9836

17. INFORMANT & ADDRESS: CLIN.REC., VET.ADM.HOSP., FT.HOWARD, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

IMMEDIATE CAUSE (A) UREMIA — INTERVAL BETWEEN ONSET AND DEATH: 72 HOURS

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST

(B) ARTERIOSCLEROTIC HEART DISEASE — DUE TO — UNKNOWN

(C) GLOMERULOSCLEROSIS — UNKNOWN

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. THROMBOCYTOPENIA PURPURA DUE TO UNKNOWN CAUSE

THROMBOSIS MIDDLE CEREBRAL ARTERY RIGHT, OLD

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY occur?

VA

22. I hereby certify that I attended the deceased from JAN. 17, 1955, to JAN. 27, 1955, and that death occurred at 11:10 AM from the causes and on the date stated above.

SIGNATURE [signature] ADDRESS DATE SIGNED

FRANCIS G. DICKEY, CHIEF, MEDICAL SERVICE M. D. VAH., Ft. HOWARD, MD 1/27/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL — DATE THEREOF: 2-1-55 — NAME OF CEMETERY OR CREMATORY: BALTIMORE NATIONAL — LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REGISTRAR: 1-31-55 — REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: JAMES McCULLY FUNERAL HOME — ADDRESS: 237 PATAPSCO AVE. BROOKLYN 25, MARYLAND

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00320

CERTIFICATE OF DEATH

00321

Reg. Dist. No. 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
03 COUNTY BALTO. MARYLAND
X CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LONG GREEN
LENGTH OF STAY (in this place) 82 YRS.
50 HOSPITAL OR INSTITUTION OR STREET ADDRESS MANOR ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD BALTO. COUNTY 03
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LONG GREEN X
STREET ADDRESS (If rural give location) MANOR RD. 1

3. NAME OF DECEASED: (Type or Print) (First) ULYSSES (Middle) GRANT (Last) WARFEL

4. DATE OF DEATH: (Month) 1 (Day) 1 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: FEB. 23, 1864

9. AGE last birthday: 90 yrs.

IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): FARMER

10b. KIND OF BUSINESS OR INDUSTRY: SELF

11. BIRTHPLACE (State or foreign country): PA.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: CHRISTIAN D. WARFEL

14. MOTHER'S MAIDEN NAME: MARGARET E. DUNLAP

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: —

17. INFORMANT & ADDRESS: MRS. ALMA M. TAGG ABOVE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 420 Coronary Occlusion — Interval Between Onset And Death: 30 mnts

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO Cardiac Insufficiency — 6 yrs
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 19..., to Jan 1, 1955, that I last saw the deceased alive on Jan 1, 1955, and that death occurred at 3:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) William M. Hammett, Dr. | ADDRESS Baltimore | DATE SIGNED 1-3-55

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | DATE THEREOF 1-4-1955 | NAME OF CEMETERY OR CREMATORY TRINITY | LOCATION (City, town, or county) LONG GREEN (State) MD

DATE REC'D BY LOCAL REGISTRAR 1-3-55 | REGISTRAR'S SIGNATURE W M Hammett | 24. FUNERAL DIRECTOR H.W. JENKINS & SONS CO. | ADDRESS 4905 YORK RD.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00322

00321 # CERTIFICATE OF DEATH Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY in this place 11 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park 16X-2
STREET ADDRESS (If rural give location) 4304 Rowalt Dr.

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) (Last) Weidling
4. DATE OF DEATH: (Month) 1 (Day) 23 (Year) 1955
5. SEX: F. 6. COLOR OR RACE: W 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): W
8. DATE OF BIRTH: 1/23/64
9. AGE last birthday 91 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teller
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Ream Schneider
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE 420.0	(A) Arterio-sclerotic Heart disease	Indefinite
ANTECEDENT CAUSE (S)	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Senility - Arterio sclerosis DUE TO	Indefinite
	(C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-11, 1954 to Jan. 23, 1955, that I last saw the deceased alive on 1/23/55, 19 . and that death occurred at 10:40 P.M., from the causes and on the date stated above.
SIGNATURE Austin Ward M.D. ADDRESS Spring Grove Hosp. DATE SIGNED 1/23/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 1/26/1955
NAME OF CEMETERY OR CREMATORY Fernciff Cem.
LOCATION (City, town, or county) (State) Hadley, N.Y.

DATE REC'D BY LOCAL REGISTRAR 1-24-55
REGISTRAR'S SIGNATURE V.E. Harry
24. FUNERAL DIRECTOR ADDRESS W.W. Chambers Co - Riverdale, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00323

00322 **CERTIFICATE OF DEATH** Reg. Dist. No. 4-0

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 6710 O'Donnell Street

3. NAME OF DECEASED: (Type or Print) (First) CLYDE (Middle) H. (Last) WHEELER, SR.

4. DATE OF DEATH: (Month) January (Day) 2 (Year) 19 55

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH: 12-5-92 | 9. AGE last birthday 62 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Watchman | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Baltimore, Maryland | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Aquila Wheeler

14. MOTHER'S MAIDEN NAME: Elizabeth Ford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes | (If Yes, give war or dates of service) WW-1 | 16. SOCIAL SECURITY NO. 213-01-6144 | 17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (A) BRONCHOGENIC CARCINOMA — 21 MONTHS

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21A ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 28, 1954, to Jan. 2, 1955, that I last saw the deceased alive on [illegible] and that death occurred at 2:20 AM, from the causes and on the date stated above.

SIGNATURE HOWARD K. PEACOCK M. D. ADDRESS VAH, Fort Howard, Md. DATE SIGNED 1-2-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 1-5-55 | NAME OF CEMETERY OR CREMATORY Druid Ridge | LOCATION (City, town, or county) (State) Pikesville, Maryland

DATE REC'D BY LOCAL REGISTRAR 1-10-55 | REGISTRAR'S SIGNATURE A W Haley | 24. FUNERAL DIRECTOR ADDRESS Welsh Funeral Home 2112 Dundalk Avenue, Baltimore 22, Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00324

00323

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) BALTIMORE 12 (ANNESLIE) X
LENGTH OF STAY (in this place)
60 HOSPITAL OR INSTITUTION OR STREET ADDRESS 6514 BANBURY ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE 12 (ANNESLIE) X
STREET ADDRESS (If rural give location) 6514 BANBURY ROAD

3. NAME OF DECEASED: (Type or Print) (First) BLANCHE (Middle) MACEY (Last) WHITE

4. DATE OF DEATH: (Month) JANUARY (Day) 8, (Year) 1955

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: MAY 14, 1881

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: GEORGE MACEY

14. MOTHER'S MAIDEN NAME: CHARLOTTE ~~MACEY~~ PURDUE

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) NONE

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: 6514 BANBURY ROAD, CHARLES S. WHITE, JR., BALTIMORE 12, MD

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset And Death: 2 hours

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arterio Sclerosis
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1936, to 8 Jan, 1955, that I last saw the deceased alive on 8 Jan, 19 55, and that death occurred at 3 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles H Reis MD ADDRESS 6701 York Rd Balto 12 Md DATE SIGNED 10 Jan 55

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL DATE THEREOF JAN. 11, 1955 NAME OF CEMETERY OR CREMATORY MORELAND MEMORIAL PARK LOCATION (City, town, or county) PARKVILLE, BALTO. CO. (State) MD.

DATE REC'D BY LOCAL REGISTRAR Jan. 11, 1955 REGISTRAR'S SIGNATURE Mabel C. Gray

24. FUNERAL DIRECTOR JOHN BURNS' SONS, TOWSON, MD. ADDRESS

VS. A15

RECEIVED
JAN 1[illegible]
BUREAU V. S.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00324

CERTIFICATE OF DEATH

Reg. Dist. No. 00325

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Fort Howard
LENGTH OF STAY (in this place) 2 Days
50 HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 1028 W. 38th Street

3. NAME OF DECEASED: (First) TIM (Middle) V. (Last) WILCOX
4. DATE OF DEATH: (Month) January (Day) 12 (Year) 1955
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH: November 7, 1898
9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pipe Fitter
10B. KIND OF BUSINESS OR INDUSTRY: Shipyard
11. BIRTHPLACE (State or foreign country): Dunkirk, New York
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Jarvis Wilcox
14. MOTHER'S MAIDEN NAME: Martha Button

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-I
16. SOCIAL SECURITY NO. 218-10-2136
17. INFORMANT & ADDRESS: Clin.Rec.Vet.Adm.Hospital,Ft. Howard,Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

544

IMMEDIATE CAUSE (A) ADENOCARCINOMA OF RECTUM WITH METASTASES — UNKNOWN

ANTECEDENT CAUSE (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 10 1955, to Jan. 12, 1955, [redacted] alive on [redacted], and that death occurred at 11:35 M, from the causes and on the date stated above.

SIGNATURE F S Dickey — ADDRESS — DATE SIGNED
FRANCIS G. DICKEY, M.D. Chief, Medical Service, VAH, FORT HOWARD, MD. 1-13-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Jan. 15 1955
NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery
LOCATION (City, town, or county) (State) Woodlawn, Maryland

DATE REC'D BY LOCAL REGISTRAR January 15 1955
REGISTRAR'S SIGNATURE R. W.
24. FUNERAL DIRECTOR Burgee Funeral Home
ADDRESS 3631 Falls Road Baltimore, Maryland
Howard F. Burgee

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00325

CERTIFICATE OF DEATH

00326

Reg. Dist. No. 45

Item 12 filed 77 2-8-55 et

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Balto. | MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Middle River | LENGTH OF STAY (in this place): 11 yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 27 Transuerse Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md | COUNTY:

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Middle River

STREET ADDRESS (If rural give location): 27 Transuerse Ave

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Elizabeth		Williamson	Jan	27	1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
F	W	Widowed	Apr. 14th 1866	88 yrs.		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
housewife	own home	Scotland	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Henry Daisley	Mary Harley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	—	Alexander Williamson 27 Transuerse Ave Balto 28 Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset And Death
420.1 Immediate cause	(a) Coronary Occlusion	Sudden
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Arteriosclerotic Cardio-Vascular disease	2 yrs
	(c) DUE TO	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg, etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan 26, 1955, to Jan 27, 1955, that I last saw the deceased alive on Jan 27, 1955, and that death occurred at 6 AM, from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J M Baumgardner	MD	Balto 6 Md	Jan 27 1955

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/30/55	Greenwood Cem.	Indiana Pa.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/31/55	Edith Hurley	Farnham Funeral Home	4401 Belair Rd

VS. A15

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00326

CERTIFICATE OF DEATH

00327

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place) Since 1-15-54
14 HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Laurel
STREET ADDRESS (If rural give location) Brooklyn Bridge Rd.

3. NAME OF DECEASED: (Type or Print) (First) ELIAS (Middle) C (Last) WINES

4. DATE OF DEATH: (Month) 1 (Day) 15 (Year) 1955

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widower

8. DATE OF BIRTH: ?

9. AGE last birthday 63 yrs
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): unknown

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE (A) Meningetis, acute

ANTECEDENT CAUSE (S) DUE TO organism unknown

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: Unknown

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION.

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-5, 1955, to 1-14, 1953, that I last saw the deceased alive on 1-14, 1955, and that death occurred at 11.30 P M, from the causes and on the date stated above.

SIGNATURE & Elyse Williams M. D. ADDRESS Spring Grove State Hosp. DATE SIGNED 1-15-55

29. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Jan 18

NAME OF CEMETERY OR CREMATORY Ivy Hill

LOCATION (City, town or county) Laurel (State) Md

DATE REC'D BY LOCAL REGISTRAR 1-16-55

REGISTRAR'S SIGNATURE U. E. Harry

24. FUNERAL DIRECTOR Merritt Donaldson

ADDRESS Laurel Md

00327

00328 Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the figures of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Balto MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Millers
LENGTH OF STAY (in this place) 8 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Rd Balto Co

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Balto
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Parkville
STREET ADDRESS (If rural, give location) 2827 Emerald Rd

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) JUDITH (Judy) WOHNHAAS

4. DATE OF DEATH (Month) (Day) (Year) 1 8 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: March-26-1940

9. AGE last birthday: 14 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: Student

11. BIRTHPLACE (State or foreign country): Balto City md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Wm A Wohnhaas

14. MOTHER'S MAIDEN NAME: Florence Klein

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mr Wm A Wohnhaas 2827 Emerald Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: (Interval Between Onset and Death)

Immediate cause (a) CRUSHING INJURY OF HEAD

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY STREET

21c. (City or town) (County) (State) BALTO CO - RTE 147 1/2 Mi S. OF Mt VISTA Rd

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 1 - 8 - 55 10 P M.

21e. INJURY OCCURRED While at work ☒ Not while at work ☐

21f. HOW DID INJURY OCCUR? PASSENGER AUTO INTO POLE

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE R. B. Fisher M. D.

CHIEF MEDICAL EXAMINER ☒
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 1-9-55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/12/55.	Sacred Heart Cem	Balto md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-25-	[illegible]	Loveless Funeral Home	7401 Belair Rd

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00328

CERTIFICATE OF DEATH

Reg. Dist. No. 00329

Item 2, Film 175 1-17-55 et

1. PLACE OF DEATH: 03
COUNTY Baltimore MARYLAND
52 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place) 10mos.1day
14 HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS Liberty Heights (If rural give location) Ave. ~~Home~~

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) E. (Last) Wolfe

4. DATE OF DEATH (Month) January (Day) 3, (Year) 1955

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed | 8. DATE OF BIRTH: Unknown | 9. AGE last birthday 86? yrs | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10B. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Georgia | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT & ADDRESS: Records Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4221
IMMEDIATE CAUSE (A) Arterioscler. Cartis-Vasc. Disease

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Generalized Arteriosclerosis
DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: / / | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☒ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc | 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M. | 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ | 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-28-, 1954 to 1-3-, 1954, that I last saw the deceased alive on 1-3-, 1954, and that death occurred at 11:20 A.M. from the causes and on the date stated above.

SIGNATURE S. Wachsler M.D. ADDRESS Spring Grove State Hospital Catonsville 28, Md. DATE SIGNED 1-3-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 1/5/55 | NAME OF CEMETERY OR CREMATORY Baltimore Hebrew | LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR 1-4-55 | REGISTRAR'S SIGNATURE C. H. Hedrick Jr | 24. FUNERAL DIRECTOR Sol. Levinson & Bro. Inc | ADDRESS 1124-26 W. North Ave.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

00329

CERTIFICATE OF DEATH

00330

Reg. Dist. No. 30

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY [illegible] MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 52 [illegible]; LENGTH OF STAY (in this place) [illegible]; HOSPITAL OR INSTITUTION OR STREET ADDRESS 14 Spring Grove Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY [illegible]; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) [illegible] 16 x 2; STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) Nina (Middle) [illegible] (Last) Woodfield

4. DATE OF DEATH: (Month) 1 (Day) 19 (Year) 1955

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): D.

8. DATE OF BIRTH: 7/7/96

9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10B. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: [illegible] K. Woodfield

14. MOTHER'S MAIDEN NAME: Virginia Burnett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

181X IMMEDIATE CAUSE (A) Advanced Carcinoma

ANTECEDENT CAUSE (S): DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) of Bladder DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: ?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: —

19B. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/15/50 to 1/19/55, 19 , that I last saw the deceased alive on 1/19/55, 19 .., and that death occurred at 5:15 A.M, from the causes and on the date stated above.

SIGNATURE [illegible] M.D. ADDRESS Spring Grove Hosp. DATE SIGNED 1/19/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 1-21-55

NAME OF CEMETERY OR CREMATORY: J.F. Loucks Cemetery

LOCATION (City, town, or county) (State): Colmar Manor Md.

DATE REC'D BY LOCAL REGISTRAR: 1/21/55

REGISTRAR'S SIGNATURE: Claude Downey 1/24/55 U.E. Harry

24. FUNERAL DIRECTOR: J. Loucks Sons

ADDRESS: Hyattsville, Md.

00181

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00331

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore Highlands
LENGTH OF STAY (in this place) 7yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2817 Delaware Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore Highlands
STREET ADDRESS (If rural, give location) 2817 Delaware Ave

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) EDWARD (Last) WRIGHT

4. DATE OF DEATH: (Month) January (Day) 16 (Year) 19 55

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 18, 1901

9. AGE last birthday: 53 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Mechanical - Ret

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: George W. Wright

14. MOTHER'S MAIDEN NAME: Minnie Belle Wiggins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Edna Wright, 2817 Delaware Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of the Stomach — Interval Between Onset and Death: 3 mo.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1954, to Jan 16, 1955, that I last saw the deceased alive on Jan 15, 1955, and that death occurred at 6:30 P m., from the causes and on the date stated above.

SIGNATURE: C. Milton Linthicum (Degree or title) M.D. ADDRESS Linthicum Heights, Md. DATE SIGNED 1/16/55

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 1/19/55 — NAME OF CEMETERY OR CREMATORY: Loudon Park Cemetery — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 1-20-55 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR: Wm. Cook, Inc. — ADDRESS: 1217 Eutaw Pl. Balto 17

J

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00332

Item 18 Film G176 2-4-55 ams 00330

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Sparrows Pt. 19 Md
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Carroll Manor Nursing Co.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex X
STREET ADDRESS (If rural give location) 405 Woodward Drive 1

3. NAME OF DECEASED: (Type or Print) (First) (MILOSLAV) (Middle) MILTON (Last) ZAVADIL

4. DATE OF DEATH: (Month) Jan. 24 (Day) (Year) 19 55

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH: Sept. 26, 1898
9. AGE last birthday: 56 yrs
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Leader
10B. KIND OF BUSINESS OR INDUSTRY: Glen L. Martin Co.
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Zavadil
14. MOTHER'S MAIDEN NAME: Marie Kostal

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. 212-03-7021
17. INFORMANT & ADDRESS: Bessie Bernard Zavadil, wife, above

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

193 X
IMMEDIATE CAUSE (A) Generalized Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 3 mos.
ANTECEDENT CAUSE (S) DUE TO Primary site: Brain
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION.
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. , 1954, to Jan. 24, 1955, that I last saw the deceased alive on Jan. 24, 1955, and that death occurred at 3:45 P M, from the causes and on the date stated above.
SIGNATURE James T. Means M. D. ADDRESS 520 D. St. Balto 19 DATE SIGNED 1-26-55.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation
DATE THEREOF Jan. 27, 1955
NAME OF CEMETERY OR CREMATORY Greenmount Crematory
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR 1-26-55
REGISTRAR'S SIGNATURE H. W. Andrews 2nd
24. FUNERAL DIRECTOR ADDRESS Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

00331

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00333

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Carmel | LENGTH OF STAY in this place) 50 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Carmel X
STREET ADDRESS (If rural, give location) X

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) E (Last) ZENCKER
4. DATE OF DEATH (Month) Jan (Day) 22 (Year) 19 55

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
F	W	Single	Nov 29-1898	56 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY U.S.A

13. FATHER'S NAME D Howard Zencker
14. MOTHER'S MAIDEN NAME Florence Bundlitz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 216-12-6406
17. INFORMANT AND ADDRESS Mrs John Wuellner, Hampstead Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Coronary Thrombosis	1 1/2 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardio-Vascular Disease	10 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1944, to Jan 22, 1955, that I last saw the deceased alive on Jan. 19, 1955, and that death occurred at 11:15 a m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
M. C. Porterfield	M. D.	Hampstead Md	1-22-55

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Jan 25/55	St Abrahams	Bark Co	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-23-55	Mary D. Zinn	Edw A. Upton, Hampstead	Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00332 00334

CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY BALTIMORE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X TOWSON 4
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1709 EDGEWOOD ROAD

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY BALTIMORE
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) TOWSON 4 X
STREET ADDRESS (If rural give location) 1709 EDGEWOOD ROAD

3. NAME OF DECEASED: (Type or Print) (First) HOWARD (Middle) CLIFTON (Last) ZIMMER

4. DATE OF DEATH: (Month) JAN. (Day) 23, (Year) 1955

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED
8. DATE OF BIRTH: NOV. 21, 1895
9. AGE last birthday 59 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COLONEL (RETIRED)
10B. KIND OF BUSINESS OR INDUSTRY: U.S. ARMY (CAV.)
11. BIRTHPLACE (State or foreign country): PENNSYLVANIA
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: HARRY ZIMMER
14. MOTHER'S MAIDEN NAME: LYDA McCORMICK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW II
16. SOCIAL SECURITY NO. NONE
17. INFORMANT & ADDRESS: HONORABLE DISCHARGE PAPERS U.S.A.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163X
IMMEDIATE CAUSE (A) Cerebral Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 2½ mos

ANTECEDENT CAUSE (B)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST
DUE TO (B) Carcinoma Lung. — 5 mos
(260X)
DUE TO (C) Diabetes Mellitus. — 1946

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: Sept 31st, 1954
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 24th, 1954, to Jan 23, 1955, that I last saw the deceased alive on Jan 23rd, 1955, and that death occurred at 1055? M, from the causes and on the date stated above.

SIGNATURE George H. E. Cross
ADDRESS M.D. 28 W 25th St. Balto. Md.
DATE SIGNED Jan 25th 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF JAN. 27, 1955
NAME OF CEMETERY OR CREMATORY ARLINGTON NATIONAL CEM.
LOCATION (City, town, or county) (State) ARLINGTON, VIRGINIA

DATE REC'D BY LOCAL REGISTRAR Jan. 27, 1955
REGISTRAR'S SIGNATURE Mabel C. Gray
24. FUNERAL DIRECTOR John Burns Sons
ADDRESS Towson, Md.

U.S. A15—10-53

RECEIVED
JAN 28 1955
BUREAU V. S.

Item 18 Film G176 1-31-55 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 00335

00333

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Pikesville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 3625 Milford Mill Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pikesville X
STREET ADDRESS (If rural give location) 3625 Milford Mill Rd. 1

3. NAME OF DECEASED: (Type or Print) (First) GRACE (Middle) W. (Last) ZIMMERMAN

4. DATE OF DEATH: (Month) Jan. (Day) 18 (Year) 1955

5. SEX: female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Dec. 2, 1884

9. AGE last birthday: 70 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Practical Nurse

10B. KIND OF BUSINESS OR INDUSTRY: -- nursing

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Geroge R. Zimmerman

14. MOTHER'S MAIDEN NAME: Elizabeth Disney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs. Stella Kirk-708 Bunnecke St.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

157X IMMEDIATE CAUSE (A) Acute Anemia — INTERVAL BETWEEN ONSET AND DEATH: Today

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Carcinomatosis "Possible" the Pancreas ?

DUE TO (C) Generalized Arteriosclerosis

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1940, to Jan 18, 1955, that I last saw the deceased alive on Jan 17, 1955, and that death occurred at 7.30 M, from the causes and on the date stated above.

SIGNATURE Troy T Abbott M.D. ADDRESS 450 E Lake Ave Balto DATE SIGNED 1-19-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 1/22/55

NAME OF CEMETERY OR CREMATORY Bethel Cem.

LOCATION (City, town, or county) (State) Camp Meade, Md.

DATE REC'D BY LOCAL REGISTRAR 1-20-55

REGISTRAR'S SIGNATURE A W Hedrick

24. FUNERAL DIRECTOR & ADDRESS Wm. J. Pickner & Sons Balto 17 Md

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.